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BALTIMORE CITY HEALTH DEPARTMENT 0502 Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) MARY P.B. MEYER January 12th, 1967 4. USUAL RESIDENCE (Where deceosed lived. If institution; residence before odmission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore 108 West 39th Street D. STREET ADDRESS (If rural, give location) 39th Street West 5. SEX 6. RACE MARRIED. NEVER MARRIED 9. AGE (In years B. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. WIDOWED, DIVORCED (specify) Hours Female 9th, 187 White 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lite, even if retired) Homemaker USA Newburg, N.Y. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Benton Brooks
15. Wos Decoased Ever in U. S. Armed Forces? Hannah Hulse 17. INFORMANT 6. SOCIAL ADDRESS (Yes, no ar unknown) (If yes, give wor or dates of service) SECURITY NO. Chesterton, 220-44-4415 Mrs. Julia L. Asher Indiana CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl foilure, osthenio, etc. Il meons the diseose, injury ar complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. \overline{c} 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or Not 20 B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? ZIA. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examined 21 D. TIME (Hour) (Month) (Day) (Year) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While-(APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A, SIGNATURE 23B, DATE SIGNED Attending T M.D. Med. Stoff Phys. Director Phys. 23C. PHYSICIAN 23D. ADDRESS NAME (Type) Philip Whittlesey M.D. M.D. 600 West Belvedere 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) County, Maryland Baltimore

25c. FUNERAL DIRECTOR Mitchell-Wi 6500 York B

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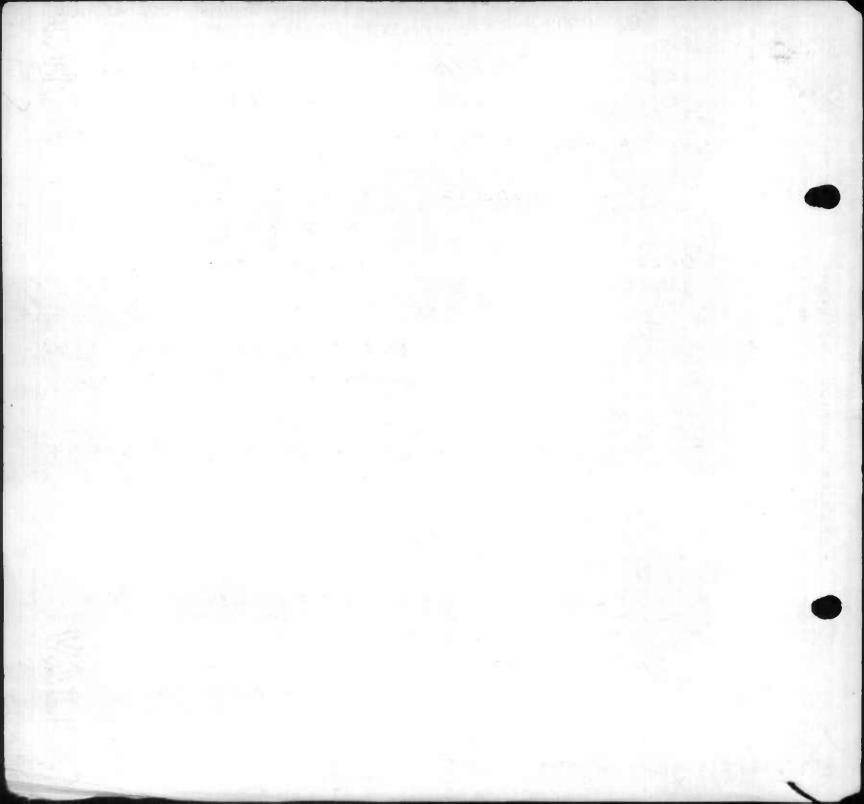
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BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. Registered No. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) USUAL RESIDENCE (Where deceased lived. If institution: residence before admission B. COUNTY RYLA (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) limits, write RURAL and give township INSTITUTION UWOOD 5. SEX MARRIED, NEVER MARRIED 9. AGE (In years 6. RACE If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Months! Doys Hours lost birthdoy tOA, USUAL OCCUPATION (Give kind of work OF 11. (BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) YORK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EDENFIELd 15. Was Deceased Ever in U. S. Armed Farces?
(Yes, no grunknown) (If yes, give wor or dotes of service) 6. SOCIAL SECURITY NO 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not mean the mode of dying, e.g., hearl failure, osthenia, etc. Il means the disease, injury or complication which coused deoth.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING RioseleroTie TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH 20A. AUTOPSY? (Yes or No) 20B. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? Ilf in Boltimore City, give exact location) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF AL DEATH (notify medical examiner) etc.) MEDIC (Month) (Doy) (Year) 21 F. HOW DID INJURY OCCUR? 21 D. TIME (Hour) 21E. INJURY OCCURRED OF INJURY Not While [While At (APPROX.) Work At Work 22. I certify that (I) (this haspital) attended the deceased from that (1) (we) last sow the deceased alive onond that in(my) (our) opinion death accurred an the date and haur ond fram the causes stated above. (1) (We) (did) (did net) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Med. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION. CREMATORY 24D, LOCATION City, town, or county) REMOVAL (Specify)

25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65



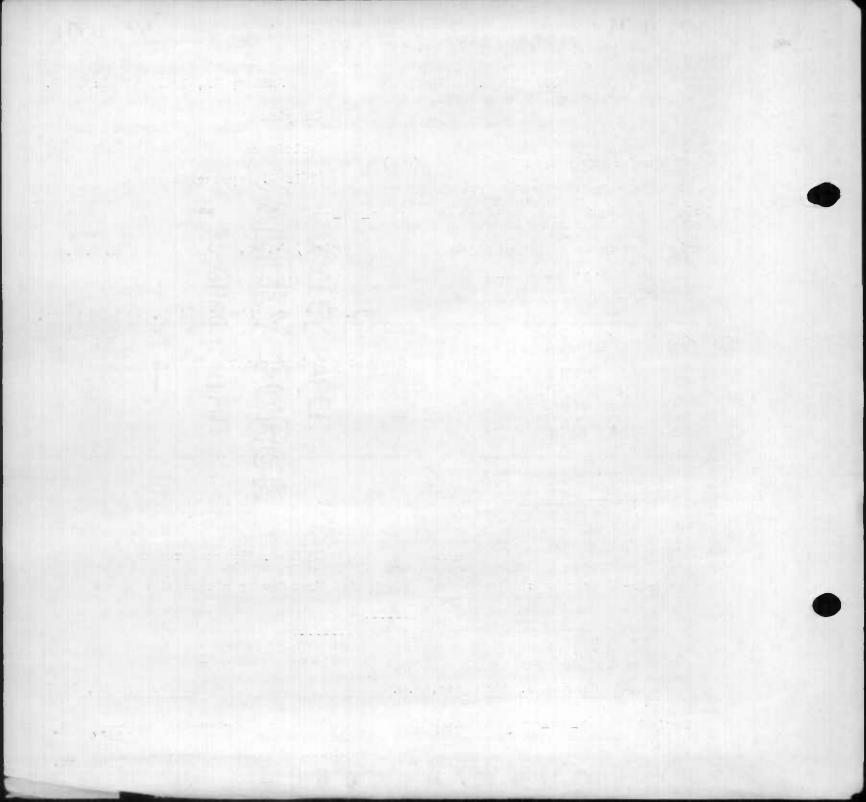
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BALTIMORE CITY HEALTH DEPARTMENT

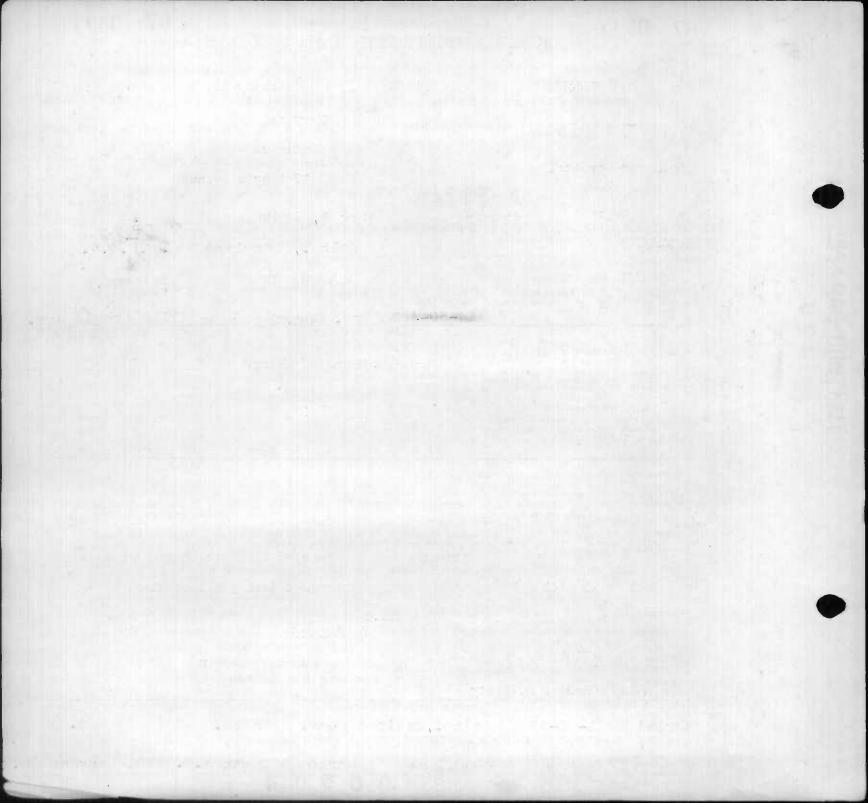
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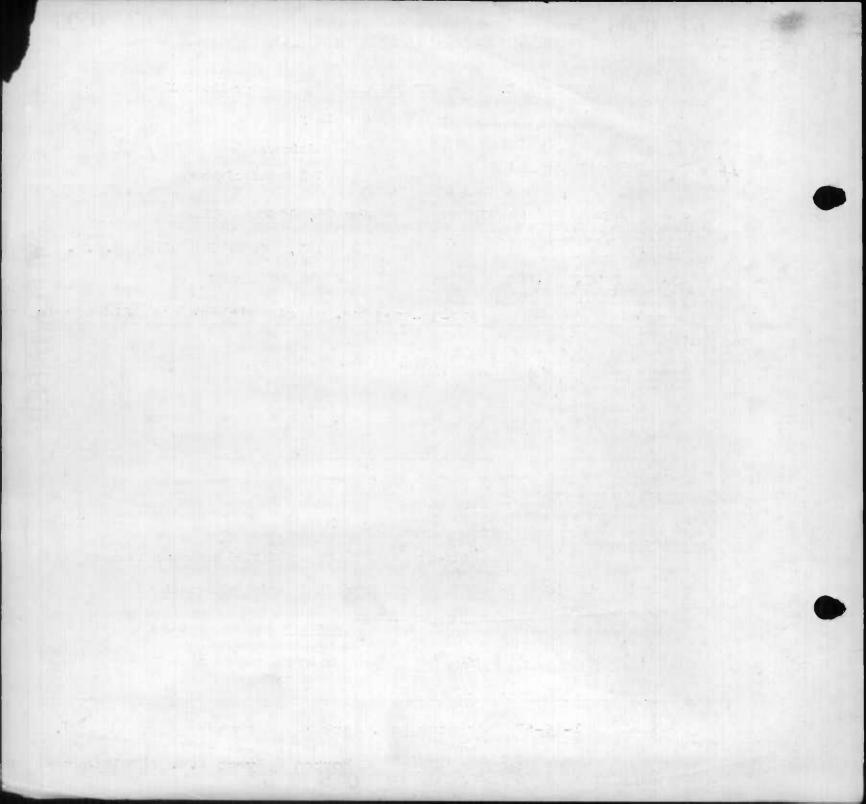
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M.E. CASE NO.								
1. NAME OF DE (Type or Print)		RANCIS L.	MASHBURN			ry 15, 196		0 P.
3. PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONOUN	CED DEAD	I.A. STATE		eceosed lived. If inst B. COL	itution: residence befo	ore odmission
FULL NAME OF	(IF NOT IN HOSPI	TAL OR INSTITUTION	ON GIVE STREET	Ma	aryland			
HOSPITAL OR	ADDRESS OR LOC	ATION)			altimore		PURAL and give to	wiship)
Bor	n Secours Hos	pita1	(DOA)					
99				26	615 W. F	ayette Str	eet	
5. SEX	6. RACE	7. MARRIED, NI		B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	If Under 1 Yr. If 1 Months, Doys, H	
Male	Negro	Separ	ORCED(specify)	3-29-33		33	TVIOLENIS DOYS 11	10015
	CUPATION (Give kind of wo	ork TOB. KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign		12. CITIZEN OF	
done during most of Brick	working life, even if retired			Marion	, N. C		WHAT COUNT	_
13. FATHER'S NA		Build	1 ng	14. MOTHER'S MA	AIDEN NAME	•	U.S.	EL .
	Will M	ashburn		Fila	Tinden			
	ED EVER IN U.S. ARME	D FORCES? 16	SO CIAL	Ella 17. INFORMANT	DINGSa	<u>Y</u>	ADDRESS	
Yes, no or unknow	n)(If yes, give wor or do	tes of service)	SECURITY NO.	Mrs. Mar	tha Gi	bson 4 s	S. Pulask	i St.
18.	011		CAUSE	OF DEATH			INTERVA	AL BETWEEN
-	3 /						ONSET	AND DEATH
DISEA	ASE OR CONDITION DEAT		Cun	shot wound	d of che	ct		
(This does heart failure injury or co	not meon the mode of e, osthenio, etc. It meon omplication which caused	of dying, e.g., ns the diseose, d deoth.)	DUE TO	SHOC WOULK	d of che	.5.		000000000000000000000000000000000000000
	OR CONDITIONS, IF		(B)					
RISE TO TI	HE ABOVE CAUSE (A)	STATING THE	DUE TO					
	ING CONDITION LAST	•	(C)					***************************************
2	11							
O THE	GNIFICANT CONDITION DEATH BUT NOT FOR CONDITION CAUSIN	ELATED TO THE						_ m _ prints to m m m 0 nt to 0 m 0 0 _ 0
19A. DATE O	F OPERATION 198. CO	NDITION FOR WH	ICH OPERATION	20A. AUTOPSY?			NDINGS CONSIDERE	ED
0 0	WAS PE	ERFORMED		Yes	11	Yes	SES OF DEATH?	
21 A. EXTERN	AL CAUSE WAS	21B, PL	ACE OF INJURY (e.g.,	in or obout 21C. W	HERE DID (IF	in Boltimore City, gi	ive exact location)	
UNDERLYING UTING CA	USE OF DEATH.	etc.)	form, factory, street, o			'avotto Ctr	oot	
	(Month) (Doy) (Ye	eor) (Hour) 21E.	INJURY OCCURRED		OTO M. T	'ayette S t r	eec	
OF INJURY (APPROX.) 1-		7:10 P WH				g altercat	ion	
22.	rtify that I held on	Inquiry 🗌	Inspection Aut	opsy X ond	thot on this	basis, deoth in r	my opinion	
resu	ulted from: Natural c	ouses Acc	cident Suicid	e Homicio	de X Ur	determined monn	er 🗌	
	01	1 1 0) ~	CHIEF ME	EDICAL EXA	MINER .	DATE	SICHED
SIGNA	TURE	3 J. d	M.D.	ASSISTANT ME	EDICAL EXA	MINER X	DATE	SIGNED
EXAMI NAME	NER'S (Type) Charle	s S. Spri	ngate, M.D.	ASSOCIATE M	EDICAL EXA		anuary 16,	1967
23A. BURIAL CR	EMATION, 238. DATE		NAME of CEMETERY	CREMATORY	23 D. LO		, town, or county)	(Stote)
Buria		67	7 7 1			N andreadass =	D- 11 -	24.2
	AL 1-19 D BY HEALTH DEPT.	24B, NAME OF	REGISTRAR	24C. FUNERA	AL DIRECTOR	Arbutus	Balto.	Md.
			Total and				-	
	11 1 - 1007 /	10 60	Ar Chese Mills	MOLLO	n & Dye	ett 1701	Laurens	St.



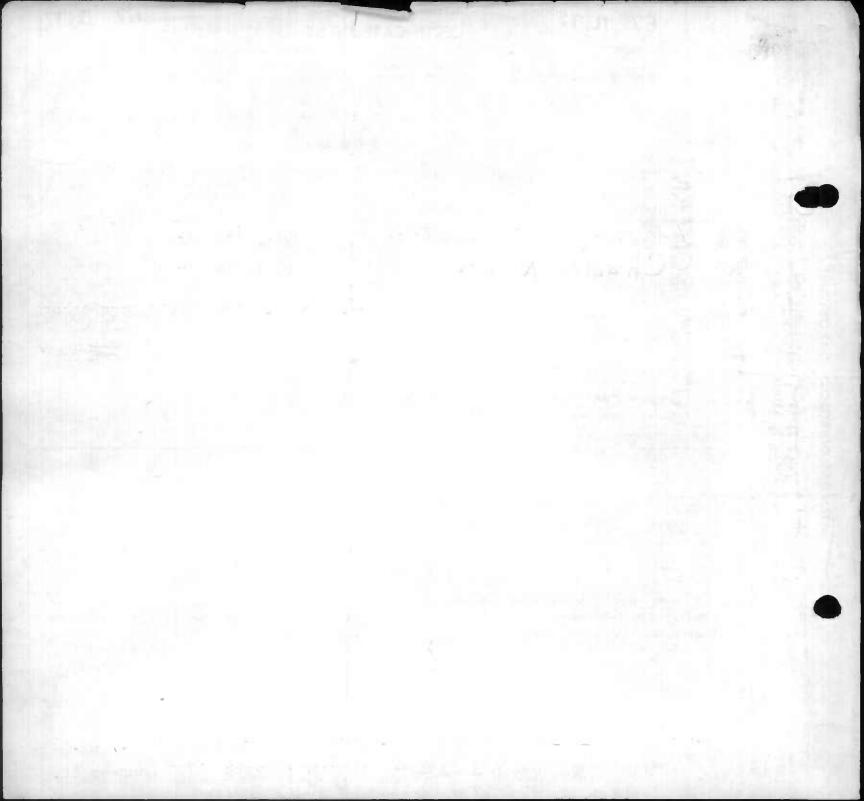
-	. CASE NO.	FACED				O DATE AND	HOUR PRONOUNCE	ED DEAD
(Тур	IAME OF DEC	WILLIAM		MASON		Janua	ry 13, 1967	8:05 P
3. P	LACE IN BALT	IMORE, MARYLAND, W	HERE PRONOUNCE	D DEAD	4. USUAL RESIDE	NCE (Where	deceosed lived. If insti B. COU	litution: residence before admiss JNTY
HO:	L NAME OF	(IF NOT IN HOSPITA	AL OR INSTITUTION		C. CITY OR TOW	ryland	e corporate limits, write	e RURAL and give township)
1						ltimore		100
1	2 Luthe	ran Hospital			D. STREET ADDR		le Avenue	
5. S	EX	6. RACE	7. MARRIED, NEV		8. DATE OF BIRTH		9. AGE (In years lost birthday)	Months, Doys, Hours, M
N	fale	Negro	WIDOWED, DIVO		Dec 9,	1949	17	Total Total
10A	USUAL OCCL	JPATION (Give kind of world	SINGLE 108. KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE	State or foreig		12. CITIZEN OF
done	Porte	vorking life, even if retired)			Balto.			U.S.A.
13. F	ATHER'S NAM				14. MOTHER'S MA			0.5.4.
	SAM	UEL MASON			DOROTE	IV CDA	MDITON	
	VAS DECEASE	D EVER IN U.S. ARMED		SOCIAL	17. INFORMANT	II CIVI	MF I ON	ADDRESS
(Yes	, no or unknown	(If yes, give wor or dote		4-50-4531	Mrs Do	roth	Magan 11	123 Argyle Av
	1B.	Cal V	20.00		OF DEATH	TOCHA	Mason	INTERVAL BETWEE
CERTIFICATION	DISEASES RISE TO TH UN DERLYIN OTHER SIGN TO THE DISEASE O	ot meon the mode of osthenio, etc. It meons mplicotion which coused on the course of t	CONTRIBUTING LATED TO THE	(B)(C)CH OPERATION	20A. AUTOPSY? Yes		208, IF YES, WERE FII IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH? Yes
AL	21 A. EXTERNA	L CAUSE WAS	21B. PLA	CE OF INJURY (e.g., i		HERE DID	If in Boltimore City, gi	
MEDICAL	UTING CAU	OR CONTRIB- SE OF DEATH.	letc./	_				
ME	21D TIME	(Month) (Doy) (Yeo		Street		C OT Z/		nondson Avenue
	OF INJURY (APPROX.)	1 13 '67					ing alterca	ition.
	22.	rify that I held an I			apsy X ond	that on thi	s bosis, deoth in n	my opinlon
							Indetermined monne	
	resulted fram: Notural causes Accident Suicide						AMINER _	
	ACTUAL	01	11/					DATE SIGNE
	SIGNAT		eles l'a	M.D.	ASSISTANT ME			1/14/67
		EDIC		1	ASSOCIATE MI	EDICAL EX	(AMINER	
	EXAMIN NAME (. ()	s S. Petty					
	NAME (Type) Charles		AME of CEMETERY of	CREMATORY	23D. L	OCATION (City,	, town, or county) (State)
	NAME (Type) Charles	23C. N				ocation (City,	, town, or county) (Stote)
REA	NAME (BURIAL CRE AOVAL (Specify Buria	Type) Charles	23C. N	ame of CEMETERY of lto., Natio		. Ba	alto.	



1. NAME OF DECEASED			2. DATE AND HOUR PRONOUN	NCED DEAD
JAMES	E. WITHE	RSPOON	January 13, 190	
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	A. STATE		institution: residence before admi OUNTY
FULL NAME OF (IF NOT IN HOS ADDRESS OR LO	PITAL OR INSTITUTION, GIVE STREET DCATION)		ryland WN (If outside corporate limits, w	vrite RURAL and give township)
/			Itimore ORESS (If rurol, give location)	120
4 Union Memorial Ho	ospital		08 Guilford Avenue	e
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify)	B. DATE OF BIR	TH 9. AGE (In year lost birthday)	Months, Days, Hours
Male Negro	MARRIED	Nov 26	, 1940 26	
IOA, USUAL OCCUPATION (Give kind of done during most of working life, even if retire	work 10B. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LABOR		MANNI 14. MOTHER'S A	NG, SOUTH CAROL	LINA U.S.A.
	PEDOON		EL WILLIAMS	Υ.,
JAMES I WITHE	AED FORCES? 16. SO CIAL	17. INFORMANT		ADDRESS
(Yes, na orunknown) (If yes, give war or		an Mrs G	loria Witherspo	oon 2614 Trovo
118.		SE OF DEATH	TOLIA WICHELSPA	INTERVAL BETW
DISEASE OR CONDITION				ONSET AND D
LEADING TO DEA		hot Wound	of Chest.	
(This does not meon the mode heart failure, asthenia, etc. It me	of dying, e.g., DUE TO	hot Wound	of Chest.	
(This does not meon the mode	of dying, e.g., DUE TO	hot Wound	of Chest.	
(This does not meen the mode heart failure, asthenia, etc. It me injury or complication which cous	of dying, e.g., DUE TO cons the disease, ed death.) USES	hot Wound	of Chest.	
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This does not mean the mode heart failure, asthenia, etc. It me injury or complication which couse the heart failure, asthenia, etc. It me injury or complication which couse the heart failure of the heart conditions, it is to the above cause (A underlying condition to the death but not disease or condition cause of the death but not disease or condition cause of death. 20 21 A. EXTERNAL CAUSE WAS 21A, EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIBUTING CAUSE OF DEATH. 21 D TIME (Month) (Day) (APPROX.) 1 13 22. I certify that I held an resulted fram: Natural actual signature EXAMINER'S NAME (Type) 23A, BURIAL CREMATION, REMOVAL (Specify)	ATH of dying, e.g., rons the discose, ed deoth.) JSES F ANY, GIVING DUE TO JSES F ANY, GIVING STATING THE ST. ONS CONTRIBUTING RELATED TO THE SING IT. CONDITION FOR WHICH OPERATION PERFORMED 21B, PLACE OF INJURY (e.g. home, form, foctory, sheet, etc.) Street Yeor) (Hour) Inspection AT Inquiry Inspection AT Accident Suice Accident M. ATLES S. Petty	20A. AUTOPS Yes y, in or obout 21C. office bldg., INJUR Fro D 21F. H WORK Show Autopsy X or CHIEF A ASSOCIATE I	Y? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CAWHERE DID III in Boltimore City, YOCCUR? Ont of 2106 Greens OW DID INJURY OCCUR? Ot during altercated that an this basis, death is side \(\times \) Undetermined many MEDICAL EXAMINER \(\times \) MEDICAL EXAMINER \(\times \) MEDICAL EXAMINER \(\times \)	AUSES OF DEATH? Yes give exact location) mount Avenue tion. In my apinlan Inner DATE SIGN 1/14/67



	OF OFFICE	BALTIMORE CITY	HEALTH DEPARTMENT	-	67 0500
BIRT	H NO. 67 U5U7	CERTIFICA	TE OF DEATH	Registered Na	07 0007
	CASE NO.			D HOUR OF DEATH	
	e or Print) (TROVER RIC	I are gree	1-	16-67	950 1
3. P	LACE OF DEATH IN BALTIMORE MARYLAND	-123	4. USUAL RESIDENCE (When	e deceosed lived. If inst	itution: residence before odmission)
			A. STATE B. COUN	TY	
	ULL NAME OF (If not in hospital or institution oddress or location)	on, give street	[10.		
	NSTITUTION		12 2	side city limits, write/KU	KAL and give township
1 -	10		D. STREET ADDRESS (If	rurol, give location)	3 . / (
O	Jinai		11211 1		R1
5. SI	EX 6. RACE 7. MARR	IED, NEVER MARRIED		RCHESTEK 9. AGE (In years	/ \ C/
	m N WIDO	WED, DIVORCED (specify)	11-27-22	lost birthdoy)	onths Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
		er. Suyar Rus.	Ricky MT.	N.C.	4.5. A
13. [17.			
	Charley Kic	LICS	Tempi	le Taylor	
15. V (Yes,	Vas Deceased Ever in U. S. Armed Forces? ,no or unknown) (It yes, give wor or cotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			Mrs. Ruth M.	Picks 401	1 Dorchaster
	18. 3 30 X 1	CAUSE O	F DEATH	KICKS 401	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		1 / 1	11	ONSET AND DEATH
	LEADING TO DEATH	(A) S (1	basachnoid	1/8morrhag	P. 48 HRS.
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the disea	e.g., UUE 10	de Tarta Santa	The state of the s	2000
	injury or complication which caused death.)	156,			
	ANTECEDENT CAUSES	(B)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	DISEASES OR CONDITIONS, if any, giv				
	rise to the obave cause (A) stating	the (C)			
	UNDERLYING CONDITION lost.				
z	OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			
ATIO	TO THE DEATH BUT NOT RELATED TO				
	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B, IF YES, WERE FIR	NDINGS CONSIDERED
1	WAS PERFORMED			IN CERTIFYING CAUS	ES OF DEATH?
CERTIF	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(It in Baltimore	City, give exact location)
AL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notity medical examinet)	home, form, toctory, street, of	fice bldg., INJURY OCCUR?		
U			015 (122)	U.S. 0.001/53	
5	OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
<	(APPROX)	While At Work Not White At Work	е		
	22. I certify that (I) (this haspital) attende	ed the deceased fram	1-15	9 6 7 ta /	- 16 1967
	that (I) (we) last saw the deceased alive (/ //	/ -		an death accurred an the da
- 1	and haur and fram the causes stated above			(), (aar) aprill	
l 1	23A. SIGNATURE	20 /1/ (116) (010 nat) V	iew the bady diter deoth.	Te	23B, DATE SIGNED
	1.1.1.	M.D. Atte	ending Med.	Stott -	1 11 /
	LYDlomon	Phy:	s. Director	Phy s.	1-16-67
	23C.PHYSICIAN'S NAME (Type)		23 D. ADDRESS		
		M.D.	1 mai	4	
24A	BURIAL CREMATION, 24B, DATE 246 REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. LC	CATION (City,	, town, or county) (State)
R ==	rial 1-20-67	Arbutus Mem.	Park P) so love to the so	14 - 242
		Arbutus Meill	2SC. FUNERAL DIRECTOR	rbutus Ba	alto. Md.
	JAN 17 1967 R. Page	of E. Farbeyma	Morton & Dy		Laurens St.
VS 1	SO-REV. 1/1/65	25700	050	3	-darens of.
			-		



5. SEX

24A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/65

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CERTIFICAT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED Yes Yes 218, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location) home, form, factory, street, office bldg., INJURY OCCUR? 21 A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIBetc.) UTING CAUSE OF DEATH. 119 N. Carrollton Avenue House 21F. HOW DID INJURY OCCUR? 21D TIME (Month) (Doy) (Yeor) (Hout) 21E. INJURY OCCURRED OF INJURY NOT WHILE (APPROX.) 14 67 Shot during altercation. m. WORK 22. I certify that I held on Inquiry Inspection Autopsy X and that on this bosis, death In my opinion Accident resulted from: Notural couses Suicide Hamicide X Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER cu SIGNATURE 1/15/67 EXAMINER'S ASSOCIATE MEDICAL EXAMINER NAME (Type) Charles S. Petty 23A, BURIAL CREMATION. 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Baltimore Burial National Cemetry

24C. FUNERAL DIRECTOR

Adolphus

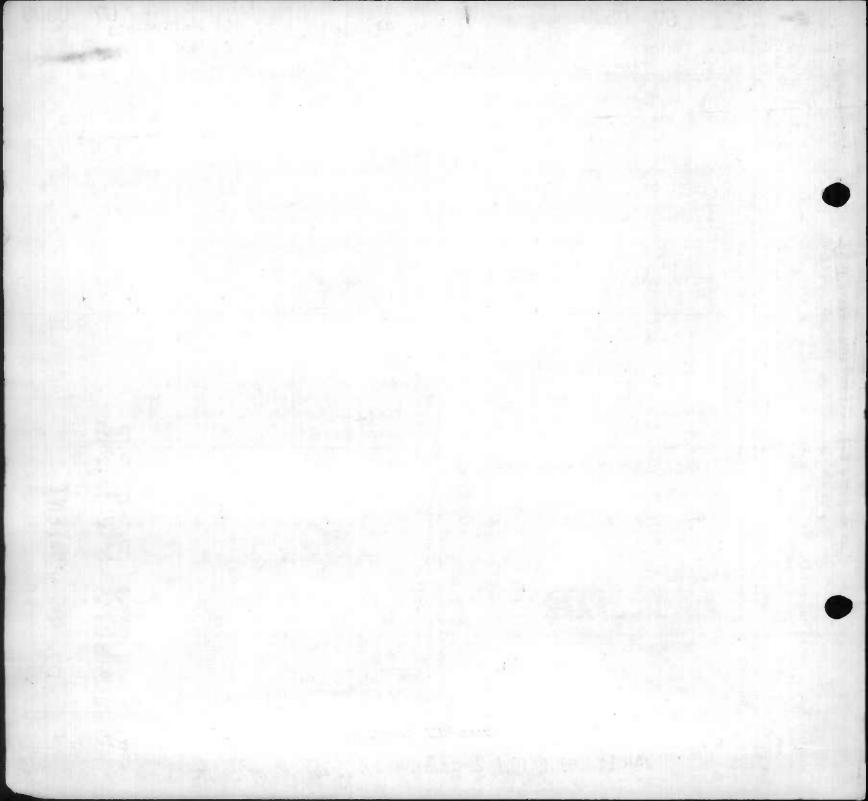
24B, NAME OF REGISTRAR

Jan Deu MA

ADDRESS

Halstead 1206 W North Ave

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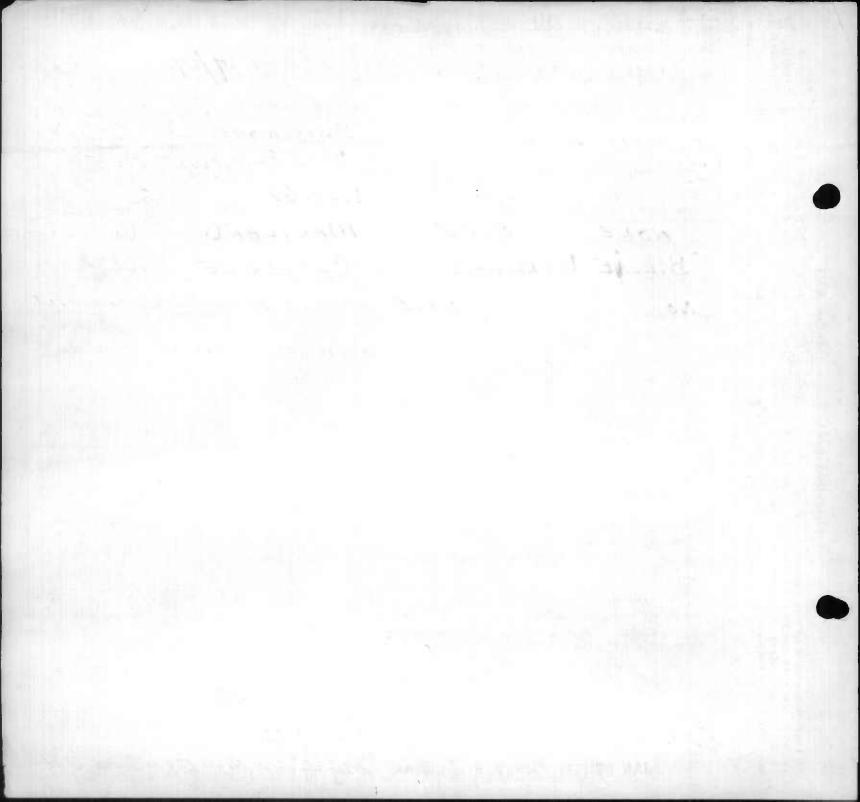
d in a hospital and ing cause of death cause; (5) Deceased

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH M.E. CASE NO. Type of PATENEE 2. DATE AND HOUR OF DEATH WILLIAMS 3. PLACE OF DEATH IN BALTIMORE MARYLAND RESIDENCE (Where deced lived. If institution; residence before admission) B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or lacation) (If outside city limits, write RUR HOSPITAL THERAN 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost birthdoy Months Doys 10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) ON 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL (Yes, no or unknown) (II yes, give wor or dates of service) SECURITY NO. ON CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ARUTE BRONCHIOLITIS 2 days LEADING TO DEATH (This daes not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease. injury ar camplication which caused death,) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 9A. DATE OF OPERATION WAS PERFORMED 2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner etc.) 21 D. TIME (Month) (Dov) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased from 2:10419ond that in(my) (our) opinion death occurred on the date that (1) (we) last sow the deceased alive on. and hour and from the causes stated obave. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending M.D. Med. Stolt Phy s. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify)

25C. FUNERAL DIRECTOR

VS 150-REV. 1/1/65

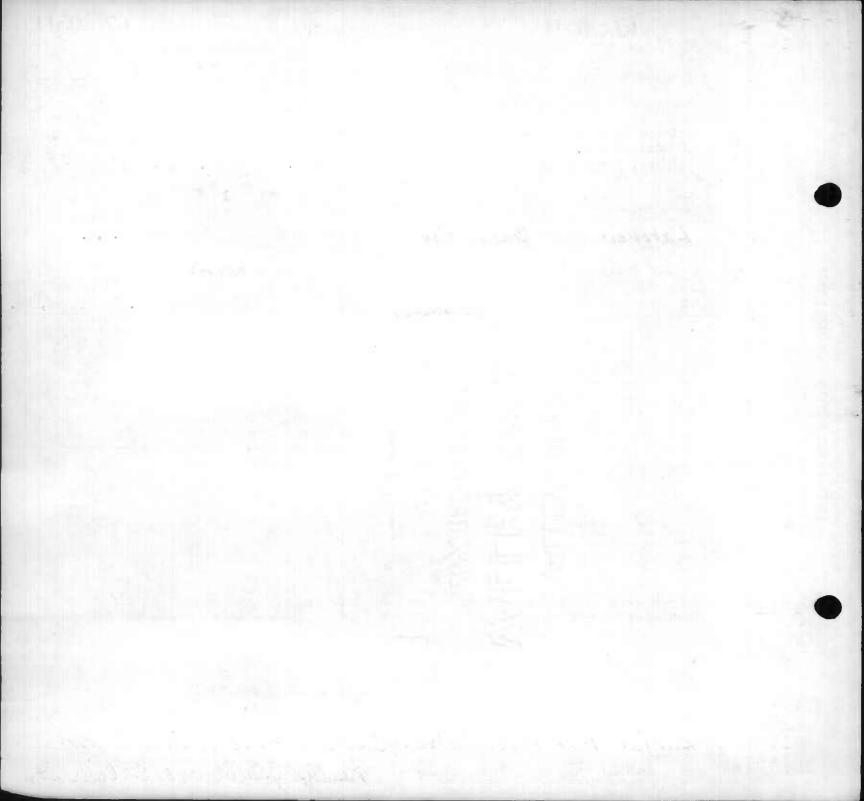
25A. DATE REC'D BY



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VS 150-REV, 1/1/65

If Under 24 Hrs. 21224 BCH: Records 4940 Eastern Ave. Baltimore, Md. and that in(my) (our) opinion death occurred on the dote



BALTIMORE CITY HEALTH DEPARTMENT 0512 Registered No. BIRTH NO. CERTIFICATE OF DEATH and of death Deceased M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH SUMMERS (Type or Print) 12,1967 LO JANUARY a hospital death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) attendance cause; (5) contributing cause MARYLAND FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If autside city limits, write RURA) and give township) 0 INSTITUTION BALTIMOR HOSPITAL OF BALTO prior SINAI D. STREET ADDRESS (If rural, give location) LINWOOD etermined made in regular 9. AGE (In years 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. deceased WIDOWED, DIVORCED (specify) last birthday NEGRO (SEP.) MARRIED disposition is 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 1). BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) JERSEY (4) Und MaintiaNee Was the 14. MOTHER'S MAIDEN NAME assistant if But les Su. M. M. S. S. Armed Farces?
(Yes, no or unknown) (If yes, give war ar dates of service) IMPORTANT death LO 6. SOCIAL or final SECURITY NO attendance any pronounced DISEASE OR CONDITION DIRECTLY baimed LEADING TO DEATH (A) KLEBSIELLA PNEUMONIA (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, regular DIRECTOR: DIAGNOSED injury at camplication which caused death.) ea MYELOMA MUNTIPLE who ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the = physician UNDERLYING CONDITION last. the remains chief medical burns; Was FUNERAL ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE No physician DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED the WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before the 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF the hospital MEDICAL DEATH (notify medical examiner) any nature; obtained (Month) (Doy) (Year) (Hour) 9 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY approved (except While At Not While T (APPROX.) and At Work 22. I certify that (1) (his haspital) attended the deceased from DECEMBER Z6 19 66 to JANUARY of death) a hospital was released and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death. must accident 23A. SIGNATURE Attending Phys. 0 approval 23C. PHYSICIAN'S 23D. ADDRESS eceased prior at shows: (1) An was D.O.A. at SINAI HOSPITAL M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY the body

that (1) We) last saw the deceased alive an JANOARY 12.19 67 and that in (my) (aur) apinian death accurred an the date 23B. DATE SIGNED JANUARY 12,1967 OF BALTO (City, tawn, or county) REMOVAL (Specify) 1-16-6 VS 150-REV. 1/1/65

If Under 24 Hrs.

Hours

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ADDRESS

ONSET AND DEATH

3 WEEKS

A STANDARD CONTRACTOR 41557 W 115524 And the state of t the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

was in regular attendance on the

a hospital and

if the direct or contributing cause

	BALTIMORE CIT	HEALTH DEPARTMENT		67 0513
M.E. CASE NO. 67 0513	CERTIFICA	TE OF DEATH	Registered No	0010
1. NAME OF DECEASED CHARLE	s L. Houck	1/1	5 67	11 15 A M.
3. PLACE OF DEATH IN BALTIMORE, MAI	RYLAND	4. USUAL RESIDENCE (Whe	1TY	stitution: residence before admission)
HOSPITAL OR oddress or location		C. CITY OR TOWN (If ou	May Landiside city Whits, write R	URAL and give township)
Sinai H	contal of	D. STREET ADDRESS (If	Baltim	De 21-16
	Chimose"	3027	rurol, give location) Resald	id toe
SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WANNEL	5 / 23/86	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
(A), USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Shipping Supervi	sor-Ward Baking Co.	Maryland	ME	U.S.A.
Houck	400	Elizabeth		
. Was Deceased Ever in U. S. Armed Forces, no or unknown) (If yes, give wor or date:	es? 16-500 AL s of service) SECHRITY NO.	17. INFORMANT		ADDRESS
No	215-03-2945	Mrs. Lillian	F. Houck-302	7 Rosalind Ave15
DISEASE OR CONDITION DIR LEADING TO DEATH (This does nal mean the made al heart failure, asthenia, etc. It means injury ar camplication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CAUSING TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT RELA WAS PERF	dying, e.g., the disease, death.) The disease, death.) ONTRIBUTING TED TO THE	ontis intesti ulus ? Wassign	Le Occlusion 208. IF YES, WERE FIN CERTIFYING CAL	HEDICAL EXAMINERS CASE A PASST, MEDICAL EXAMINERS CASE A PASST CAST CAST CAST CAST CAST CAST CAST
21A. ACCIDENT WAS UNDERFUNCED OR CONTRIBUTING TO CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	the - volument.	21F. HOW DID INJ	(If in Boltimore	< () E (
22. I certify that (I) (this hospital that (I) (we) lost saw the decease and hour and from the causes state 23A. SIGNALITY 23C. PHYSICIAN'S NAME (Type) MARKING A	d alive an 1 - 16 - 16 - 16 - 16 - 16 - 16 - 16 -	19 and the view the body ofter death.	Stoff Phys.	238. DATE SIGNED
24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify) 31.7.4 25A. DATE REC'D A MEAL THE OFFT.	24C. NAME OF CEMETERY OF CR	EMATORY 24D. L	ikesvill	y, town, or county) (Stote) R 8 Md Liberty RESPONDENCE

7 ite Bureal 25A. DATE REC'DANEAL FUNERAL DIRECTOR \$128 Libertores Col ring Typers Bandallatown M PARE OF VS 150-REV. 1/1/65

Son Birthan Son Son to the state of th the state of the solution. Totawa To healthing MARKED AT REACHING I SEET KEREST ST SEETS ARE

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deceased prior to death); and (6) No physician was in regular attendance on written approval must be obtained before the remains are embalmed or final di

(except where the physician who pronounced

was D.O.A. at a hospital

and

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occurred in

	67	0514
BIRTH NO.	() !	UULX

07 0544	BALTIMORE CITY	HEALTH DEPARTMENT	67 0514
BIRTH NO. 67 0514	CERTIFICA	TE OF DEATH	
M.E. CASE NO. 1, NAME OF DECEASED		2 DATE AND HOUR OF DEATH	
(Type or Print) Floren	ce A. Threadgill	January 16. 1	.9671 8 A.M.
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased lived. If in A. STATE B. COUNTY	stitution: residence before admission)
	or institution, give street	Maryland	
HOSPITAL OR oddress or locotio	n)	C. CITY OR TOWN (If outside city limits, write I	RURAL and give township)
A 0 000 01 D	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Baltimore 21212	21-12
0 () 332 St. Dunst	ans Road	D. STREET ADDRESS (If rurol, give locotion) 332 St. Dunstans Ros	ad
S. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours: Min,
F W	Married	12/15/1894 72	
toA. USUAL OCCUPATION (Give kind of wor done during most of working lite, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Ivoryton, Conn.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
George A. Doane		Lulu Dolph	
15, Was Deceased Ever in U. S. Armed Fo (Yes, no or unknown) (If yes, give war or date	rces? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	213-05-4189	John H. Threadgill	(same)
18. 3 3 / X I	CAUSE O	PDEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DI LEADING TO DEATH	RECTLY	rebral procular (1)	silent
(This does not mean the mode of heart foilure, ostherio, etc. It means injury or complication which caused	the disease,	the state of the s	di di

	No		213-05-4189 John H. Th	readgill (same)
		E OR CONDITION DIRECTLY LEADING TO DEATH of mean the mode of dying, e.g.	(A) CENEBRAL MA	rouler Argulent
	heart foilure,	osthenio, etc. It means the disease olicatian which caused deoth.)		
	A	NTECEDENT CAUSES	DUE TO	***************************************
	rise to the	R CONDITIONS, if any, giving abave cause (A) stating the CONDITION last.		
MOIT	TO THE DE	ICANT CONDITIONS CONTRIBUTING ATH BUT NOT RELATED TO T		

19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?

CERTIFIC 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examine 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? While At (APPROX.) Work At Work 22. I certify that (1) this hospital) attended the deceased from

thop (1) (we) last saw the deceased alive an and that (n(my) (our) apinian death occurred an the dote

and hour ond from the couses stated aboya. (1) five) (did) (did not) view the body ofter death. 23A. SIGNATUR

M.D. Attending Phys. Med. Director Stoff Phys. 23C. PHYSICIAN'S NAME (Type) 23D ADDRESS

Meredith Smith 6305 M.D. The Alameda

24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)

Methodist Ch. Com. Sparks,

PADDRESS PARTIES Sons Co. 4905 York Rd.

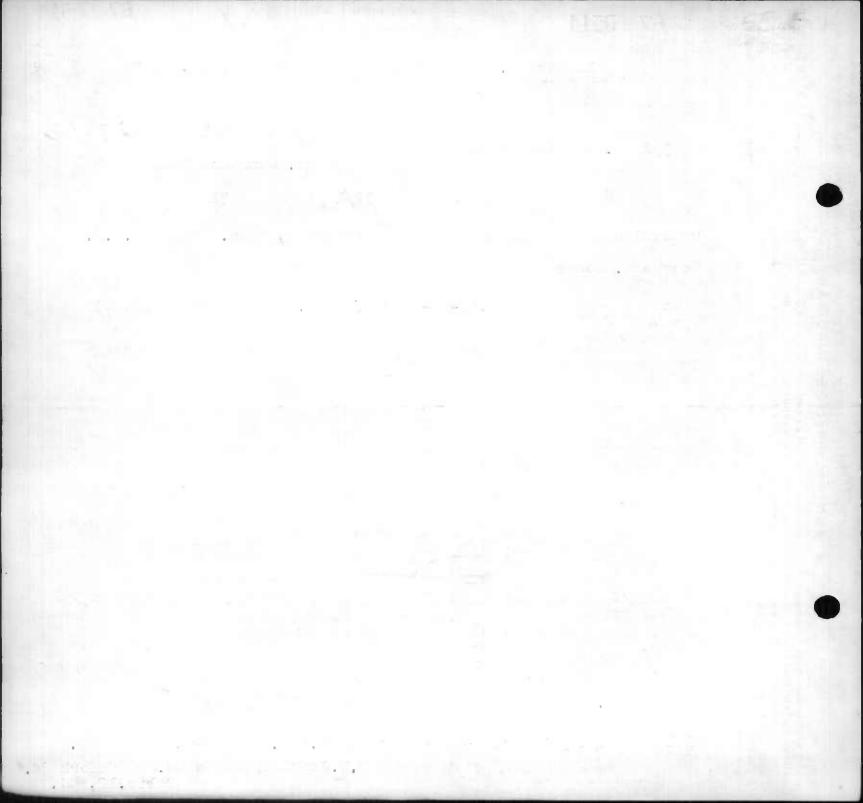
Balto.12, Md. 25A. DATE REC'D BY HEALTH DEPT. 1967 Jessops M 258. NAME OF REGISTRAR

VS 150-REV. 1/1/65

24A. BURIAL CREMATION, 24B. DATE

REMOVAL (Specify)

23B. DATE SIGNED



IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

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100			0 = 1.0	BALTIMORE CITY	HEALTH DEPARTMEN	T	07 0540
		67	0516	CERTIFICA	TE OF DEATH	Registered No.	67 0516
1, N	E CASE NO.	EASED			2. DATE	AND HOUR OF DEATH	
(Ту	GESS.	NER	MARTH	+A NMN	16	JAN. 67	8,30
3.	PLACE OF DEA		TIMORE, MARYLAND		4. USUAL RESIDENCE (Whate succeed lived. If in	stitution: residence before admission)
	FULL NAME O	E (If no	of in hospital or institu	tion give theet		0 . 74	
	HOSPITAL OR		ess or location)	mon, give sneer	C. CITY OR TOWN	f outside city limits, write	RURAL and give township)
EL	4				RALTIM	ORE 210	212 21-48
1	anio.	n h	A EMA OR IA	4 L Hosp.	D. STREET ADDRESS	(If rurol, give location)	
		,,			1014 2	ENTON ,	AVE
5.	SEX	6. RACE		RRIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
L	F	W	W	IDOWED	06-20-1		
	N. USUAL OCCU no during most of t			ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	NOW	E HOUS	SEWIFE	OWN HOME	Md.		USA
13.	FATHER'S NAM			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14. MOTHER'S MAIDEN	NAME	
	wante	. JOH	N SKEL	TON	aurop n	MARY HA	NLON
15.	Was Deceased	Ever in U.	S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	THICK HA	ADDRESS
пе	s, no or unknown	ill yes, giv	e war or dotes of ser	SECURITY NO.	200000000000000000000000000000000000000	- 0.0 m	(5000)
\vdash	18. // P	P1 1	0 5 6	CAUSE C	E DEATH	GARET M.B	INTERVAL BETWEEN
	11-01	E OF CON	IDITION DIRECTLY	CAUSE O	J. DEATH		ONSET AND DEATH
	DISEAS		TO DEATH	COR	ONORY DO	CULSION	5min
			ne mode of dying, tc. II meons the dis				
			hich caused death.)	· ·	11		
		ANTECEDE	NT CAUSES	(B) TO	SCVD -		
			TIONS, if any, g	iving			
	UNDERLYING		cause (A) stoling ON last.	the (C)			
			1				
NO	OTHER SIGNI	FICANT CO	NDITIONS CONTRIB				
ATIO			NOT RELATED TO	DIABETES	MELLITES;	PLEURAL EFF	usion filat, CHF
CERTIFIC	19A.DATE OF	OPERATION	198. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
ERT	0				NO		
Ш.	OR CONTRIBU	JTING 🗌 CA	USE OF	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	n or obout 21 C. WHERE DI ffice bldg., INJURY OCCU	D (If in Boltimore R?	e City, give exact location)
CAL	DEATH (notify	medicol ex	ominer)	etc.)			
ED	OF INJURY	(Month) (Doy) (Year) (Hour)			INJURY OCCUR?	ŧ
2	(APPROX)			While At Work Not Whi			
	22. I certify	that (1)_(tl	nis hospitol) otten	ded the deceosed fram	14 JAN	19 <u>6</u> 7 to	6 JAN 1962.
	that_(1)-(we)	last sow t	the deceased alive	on 16 JAN	1 7		nion death accurred on the date
	and hour and	from the	causes stoted aba	ve. (1) (We) (did) (did-not)	view the bady after dec	ith.	
	23A. SIGNATU			2			23B. DATE SIGNED
	11	And	5 K	when M.D. Att	ending Med. Director	Stoff Phy s.	11.00 67
	23C. PHYSICIA	N'S	7 - 12	July 1	23D. ADDRESS		16 gam 6/
	NAME (T	DR.	SIDNEY E	KIDKIEV M.D.	THE UNIO	N MEMODIA:	HOCDITAL
24/	A. BURIAL CRE	MATION, 2	SIDNEY E	. KIRKLEY			HOSPITAL ity, town, or county) (State)
	REMOVAL (Specify)					
	Burial	RY HEALT	./20/1967	Holy Redeeme	25C. FUNERAL DIREC	Baltimore,	Maryland
23	A. DATE REC'D	JAN'I	7 1967 0	2. A E / Salber MA	H.W. Jenk	ins & Sons (Co. 4905 York Rd.
	150-REV. 1/1/		1000	2000 -, 2000-7	0 3	₩ Balto	.12, Md.

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BIR	TH NO. 7	0517 MED	ICAL EX	KAMINER'S C	ERTIFICAT	E OF D	EATH Registe	red No.	0517		
1.	NAME OF DE		HARD	MILLER	January 12, 1967 11:40 I						
FU	LL NAME OF	TIMORE, MARYLAND, W (IF NOT IN HOSPITADDRESS OR LOCA		UNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE Nebraska C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)						
IN:	NOITUTITE	ins Hospital			Offutt Air Force Base D. STREET ADDRESS (If rurol, give location) 8 Nelson Drive						
5. SEX Male White			WIDO WED,	NEVER MARRIED DIVORCED(specify) ried	B. DATE OF BIRTH	1939	9. AGE (In years last birthday) 27	If Under 1 Manths , D	Yr. If Under 24 Hr. Days Hours Min.		
dor	e during most of	working life, even if retired)		.A.F.					COUNTRY?		
15.	WAS DECEAS	liam J. Mil.	FORCES?	16. SO CIAL SECURITY NO.	Marge 17. INFORMANT	aret	V = - 12	ADDRESS	100		
(Ye						Records, Andrew Air Force Base INTERVAL BETWONSET AND DE					
MEDICAL CERTIFICATION	OTHER SIGNOCHER	WAS PER	CONTRIBUTILLATED TO 1	WHICH OPERATION			OB. IF YES, WERE FIIN CERTIFYING CAU!				
	21D TIME OF INJURY	AL CAUSE WAS MOR CONTRIB- USE OF DEATH. (Month) (Doy) (Yea) 1-12-67 7:2	(Hour)	njuries PLACE OF INJURY (e.g., form, foctory, street, highway PLE INJURY OCCURRED WORK NOT	attice bidg., INJURY	40 and		vays	62-00		
	I certify that I held an Inquiry Inspection Autapsy X and that on this basis, death in my opinion resulted fram: Natural causes Accident X Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE ASSOCIATE MEDICAL EXAMINER X ASSOCIATE MEDICAL EXAMINER X ASSOCIATE MEDICAL EXAMINER January 13, 1967										
24.	A, BURIAL CR MOVAL (Speci Buria	EMATION, 238 DATE (y) LI I/I5, D BY HEALTH DEPT.	/1967	Momorial Parl OF REGISTRAR	24C. FUNERA	Bet L DIRECTOR	chlehem, Pe	nna.			
		IV Share	12.7	0 1 0 .	0 2	1 3					

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	6	7 05	10		BALTIMORE CITY	HEALTH DEPART	MENT \		67	0518	
	1 NO.	1 00.	.10		CERTIFICA	TE OF DE	ATH	Registered Na.		00.10	
1. NA	CASE NO.	EASED				2.	DATE ANI	D HOUR OF DEATH			
(Type	LEIZEAR, William Carroll					January 15,1967 6:45 P.M.					
3. PI	PLACE OF DEATH IN BALTIMORE, MARYLAND					4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A, STATE B, COUNTY					
H	FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital					Maryland Baltimore C. City Or TOWN (If outside city limits, write RURAL and give township)					
						Baltimore #34 53-00					
2	27		h Raven			8723 Sat		urol, give locotion) 11 Road			
M	S. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married Married					8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hours Min. 7-25-94					
10A.	USUAL OCC	UPATION (Give	kind of work 10B. 1	CIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	ote or foreig	gn country)	12. CITIZEN	I OF	
-	done during most of working life, even if retired) Sign Painter Unknown					Maryland			WHAT.	S. A.	
	ATHERS NA					14. MOTHERS MA	IDEN NAM	A E			
W:	illiam	Leizear				Elizabeth	n John	son			
15. W	5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL					17. INFORMANT Records				ADDRESS	
	es		7 to 2-28					osp. Bal	p.,Balto.,Md.21218		
_	8. 4/ /	70 /1	75 70 700		CAUSE O					INTERVAL BETWEEN	
	DISEA	SE OR CONDI	TION DIRECTL	Υ					ON	ONSET AND DEATH	
		LEADING TO			(A) Acut	e Myocardia	I Inf	arction	21	hours	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)							WANTEN OF THE PROPERTY OF THE)HV 44.0	
		ANTECEDENT			B)	3 8 6 4					
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving										
	rise to the obove cause (A) stating the IC)						*************************				
-						le					
ATION						lmonal and Chronic					
AT	DISEASE OR CONDITION CAUSING IT. Obstructive					Pulmonary Disease			10	10 years	
CERTIFIC	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED			VHICH OPERATION	20 A. AUTOPSÝ? (Yes or No) 20 B. IF YES, WERE FIN IN CERTIFYING CAUS			FINDINGS CO	NSIDERED		
AL	OR CONTRIBUTING CAUSE OF home, form, foctory, street, o					Yes n or obout 21C. WHE linjury o	RE DID CCUR?	(If in Boltimo	re City, give e	xact location)	
U						21 F. HOW	JUN DID	JRY OCCUR?			
×	While At Not While										
2	2	ah-a (M) (ah:-	h:	Worl		vember 3.		. 66 Ja	nuary 1	567	
	22. I certify that (X) (this hospital) attended the deceased from November 3, 1966 to January 15, 1967, that (M) (we) last sow the deceased alive on January 15, 1967 and that in (M) (our) apinion death occurred an the date										
	ond hour and from the couses stoted obove. (2) (We) (did) (2) (We) view the body after deoth.										
	23A. SIGNATURE								23B. DATE S	IGNED	
	JOEL F. HABENER, M.D. Attend					ending Med	tor 🗆	Stoff Phy s.			
2	23C PHYSICIANS								1-16-	0/	
	JOEL F. HABENER, M.D. M.D. WA HOSPITAL, 3900 Loch Raven Blvdd										
24A.	BURIAL CRE	MATION, 24B.		24C. NA	ME of CEMETERY of CRE			27 27 6	ity, town, or co		
	Burial	Spaciful			imore, Nation				ore, Md.		
25A.	DATE REC'D	BY HEALTH D			F REGISTRAR	25C. FUNERAL		- 32 02/10	0.09 1146	ADDRESS	
	JAN	1 (1967	Roberto	0 1	()			ck, Inc. Ba	alto Ma		
V/S 1	50-PEV 1/1/	- 1007	ATO SHOW	-		0 5	7	, -10, 10	ALUG. MO	• 21214	

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NAME (Type)

REMOVAL (Specify)

VS 150-REV. 1/1/65

24A. BURIAL CREMATION, 24B. DATE

Dr. James E. White

1/18/67.

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attend 0

death.

prior

of death Deceased

COUSE

hospital

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH I, NAME OF DECEASED (Type or Print) GEORGE GORMAN Jan. 14, 1967 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH IN BALTIMORE, MARYLAND Marvland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR C. CITY OR TOWN oddress or location) (If outside city limits, write RURAL and give township) Baltimore D. STREET ADDRESS 3316 Batavia Avenue (If rural, give location) 3316 Batavia Ave. made 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours WIDOWED, DIVORCED (specify) lost birthdoyl male white Dec. 22, 1894 married 10A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 2. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even il retired) Phila., Pa. USA interior designer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Gorman Martha Moore 17. INFORMANT ADDRESS 5. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL or final (Yes, no or unknown) (If yes, give wor or dates of service) 216-09-0642 (Same) Mrs. Carolyn Gorman Yes INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES the remains are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED before 21B, PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examine) obtained 21 D. TIME (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) OF INJURY Not While [While At (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased from and that in (my) (opinian death occurred on the date pe that (1) (we) last saw the deceased alive on.... and hour and from the causes stated above. (1) (We) (did not) view the bady after death. written approval must 23B, DATE SIGNED 23A. SIGNATURE Attending Stoff M.D. Director 23D. ADDRESS 23C. PHYSICIAN'S

258. NAME OF REGISTRAL 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR Leonard J. Ruck, Inc .- Baltimore, Md. -- 14

24C, NAME OF CEMETERY OF CREMATORY

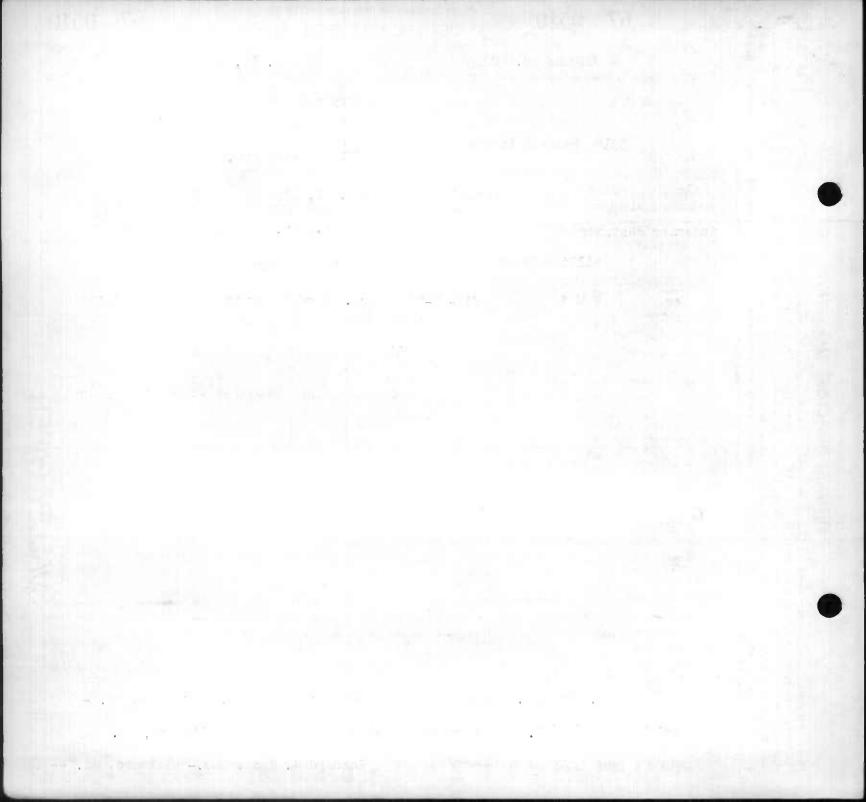
Parkwood Cemetery

5214 Harford Road, Baltimore, Md. - 14

(City, town, or county)

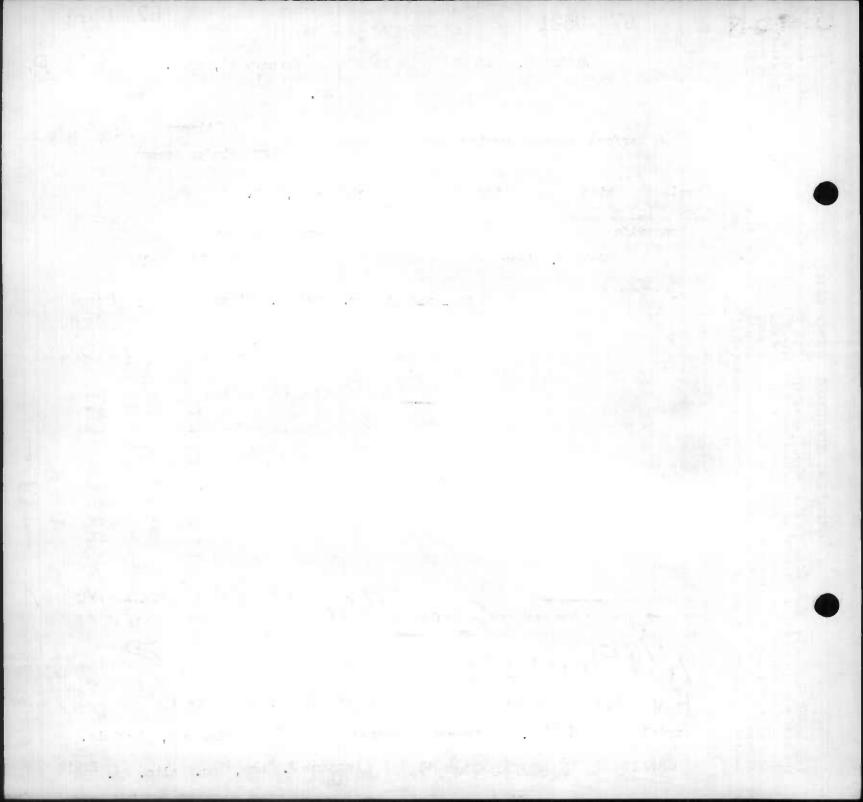
Baltimore, Md.

24D. LOCATION



Barley Ergan

-		CM OFOI		BALTIMORE CITY	HEALTH DEPARTMENT		67 0521
M.E.	H NO. CASE NO.	67 0521		CERTIFICA	TE OF DEATH		0, 00.2
1. N. (Typ	AME OF DEC e or Print)	JULIA	S. WHI	rson		and hour of death lary 16, 1967.	6:10 Pm
3. P	LACE OF DEA	TH IN BALTIMORE, MAI	RYLAND			Where deceased lived. If in	istitution: residence before admission)
H	ULL NAME O IOSPITAL OR NSTITUTION	F (If not in hospital a address or location	or institution, g)	ive street		outside city limits, write Baltimore	RURAL and give township)
	90	Harford Garde	ns Nurs	ing Home	D. STREET ADDRESS	(If rurol, give locotion) 07 Grindon Av	-100
5. S	EX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	emale	White	Wide	owed	October 18,18	877. 89	Within S Doy's Hours William
done	House	working life, even if retired) Wife	108, KIND OF	BUSINESS OR INDUSTRY		arolina	12. CITIZEN OF WHAT COUNTRY? USA
13. [FATHER'S NAM	John G.	Sigor		14. MOTHER'S MAIDEN	Caroline	Pari
						Caroline	
Yes	no or unknown	Ever in U. S. Armed Ford (If yes, give wor or dote:	s of service)	16. SOCIAL SECURITY NO. 240-07-1924	Mr. Frank G.	Whitson	(Same)
	18.44	3 XIX-	19/1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION DIR	ECTLY	W. L.	towis	disease	15 11201
		at meon the mode of		DUE	Misinel -V	(Millane)	and fire
		asthenio, etc. II meons plication which caused		O A	torional	lan acid	0
		ANTECEDENT CAUSES		(B)	- Curasa	y coru	000000000000000000000000000000000000000
	rise to the	OR CONDITIONS, if (e obove cause (A) G CONDITION last.		associated (Braicion	vanemia	
ATION	TO THE D	FICANT CONDITIONS C- EATH BUT NOT RELA CONDITION CAUSING I	TED TO THE	Basal (6)	laryna	Somilit	4
	19A. DATE OF		DITION FOR V	VHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
C	OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF medical examiner	21 B. home	e, form, foctory, street, of	or obout 21C. WHERE DIE fice bldg., INJURY OCCUR	(If in Boltimor	e City, give exoct locotion)
EDI	21 D. TIME OF INJURT	(Month) (Doy) (Teor)		INJURY OCCURRED		INJURY OCCUR?	
8	(APPROX.)		Whil	le At Not While		~//	1 11
	22. I certify	that (1) (this hespital) ottended th		May 3	195 Tto C	anuauf 6 196/.
		last saw the decease	/				inian death occurred on the dote
		4 _ / /	ed obave. (L	(#E) (did) (did=15+) v	iew the body after dea	th.	
	23A SIGNATY	VOX	000	M.D. Atte	ending Med.	Stoff	January 17 1967
	23 C. PHYSICIA	N'S / TOUR	Doc	Phy	S. Director	Phys.	D Call
	NAME LT	YPE HARBA	10	M.O.	4706 76N	land Pord	Ballignere 2/2/4
24A	BURIAL CRE	MATION, 24B. DATE	24C.NA	ME of CEMETERT OF CRE	MATORY 2/E	LOCATION IC	ity, lown, or county) (Stole)
	Buria.	1/19/0		liverview Ceme			, Virginia.
25A	DATE REC'D	17 1967 GLO	25B. NAME O		25C. FUNERAL DIREC		ADDRESS
VS	150-REV. 1/1/	55		3 / 5	4 9 0	<u> </u>	



-1,1	BALTIMORE CITY HEALTH DE	PARTMENT 67 0522
70 d 7 d	M.E. CASE NO. 67 0522 CERTIFICATE OF	DEATH Registered No. 67 0522
death death eased n the Such	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
_ ^ _	(Type or Print) Sparrow; Bertha Drudence	11.45 Am, Jan 16. 1968
To Do t	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL R	ESIDENCE (Where deceased lived. If institution: residence before admission) 8. CDUNTY
hospit ise of (5) De ance deatl	FULL NAME DF (If not in hospital or institution, give street	M A
		TOWN (If outside city limits, write RURAL and give_township)
S S C C	Be	Itemore 27-10
in i	Union Memorial Hospital D. STREET	
T	44	119 St. Georges Ave. Apt. 2
- 3 0 D	5. SEX 6, RACE 7. MARRIED, NEVER MARRIED B. DATE OF WIDOWED, DIVORCED (specify)	Land Control of the C
contrib contrib letermin in regul eceased on is ma	1 1 White M 3-0	7-41/
red red red red	16A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA	CE (State or foreign country) 12. CITIZEN OF
de in de	Housewife	WHAT COUNTRY?
de Un us as	13. FATHER'S NAME	1d It merican
disposition	E LA	1
dir di, (dis	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMA	lorence Eberhart
istan he d kind; deat ce or	15. SOCIAL 17. INFORM/ (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL 17. INFORM/ NO 17. INFORM/ 220 = 13 = 551A 17. INFORM/	ANT ADDRESS
Sist A Donin	NO 220-10-0551A (YV)	ing J. Sparrow Same
s as any ced nda	18. 33/XI CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
his of an of an uncertaint	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ansar and aram
Also, e of noun atter	(This does not mean the made of dying, e.g.,	***************************************
DO L D	heall failure, asthenia, etc. II means the disease,	
act act ula	injuly at camplication which caused death.)	
F = 0 m 0	ANTECEDENT CAUSES (B) DUE TD	***************************************
	DISEASES OR CONDITIONS, if any, giving lise to the above cause (A) stating the (C)	
al ex (3) an in	UNDERLYING CONDITION last.	
edical dical urns; ysicia was	II	
edicedical hysin w	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
med ly bu phy phy ign		OPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
Chie Body the ysic	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
by a 2) Body 2) Body re the physic	U 21A, ACCIDENT WAS UNDERLYING 218 PLACE OF INTURY (e.g. in or about 210	-WHERE DID (If in Baltimore City, give exact location)
== 0	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJ	URY OCCUR?
hospite nature; ept wh d (6) Ne	Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F	HOW DID INJURY OCCUR?
the hospi iny nature except w and (6) P	OF INJURY While AI Not While	. How bid hideki deedk.
he he had ny n xce	Work Al Work	
ppr dn) (ex (ex , al	22. I certify that (I) (this hospital) attended the deceased from Jun.	19.6 p to Jun 6 19.6 q.
5 + 4 = 5 ed	that (1) (we) last saw the deceased alive an 1115 Am. Jan 6 19 6	
sed to sed to ant of spital eath) ust be	and haur and fram the causes stated above. (I) (We) (did) (did nat) view the bad	y after death.
must be eleased ccident a hospite to deatl al must	23A. SIGNATURE	23B. DATE SIGNED
E ccica	Sary Won Hory M.D. Altending Phys.	Oirector Phys. X Jun 16 67
S r	23C. PHYSICIAN 2 NAME (Type)	
was r An a L at c prior	DR. SANG WON SONG M.D. THE	UNION MEMORIAL HOSPITAL
A.C.	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY REMOVAL (Specify)	24D. LOCATION (City, lown, or county) (Stote)
certificate body was r ws: (1) An a D.O.A. at 6 eased prior	Burial 1/19/67. Baltimore, Cemetery	Baltimore, Md.
This certificate the body was reshows: (1) An awas D.O.A. at deceased prior written approv	25A. DATA REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUN	IERAL DIRECTOR ADDRESS
This the I show was dece	Legna	Ruck, Inc. Balto. Md. 21214

VS 150-REV. 1/1/65

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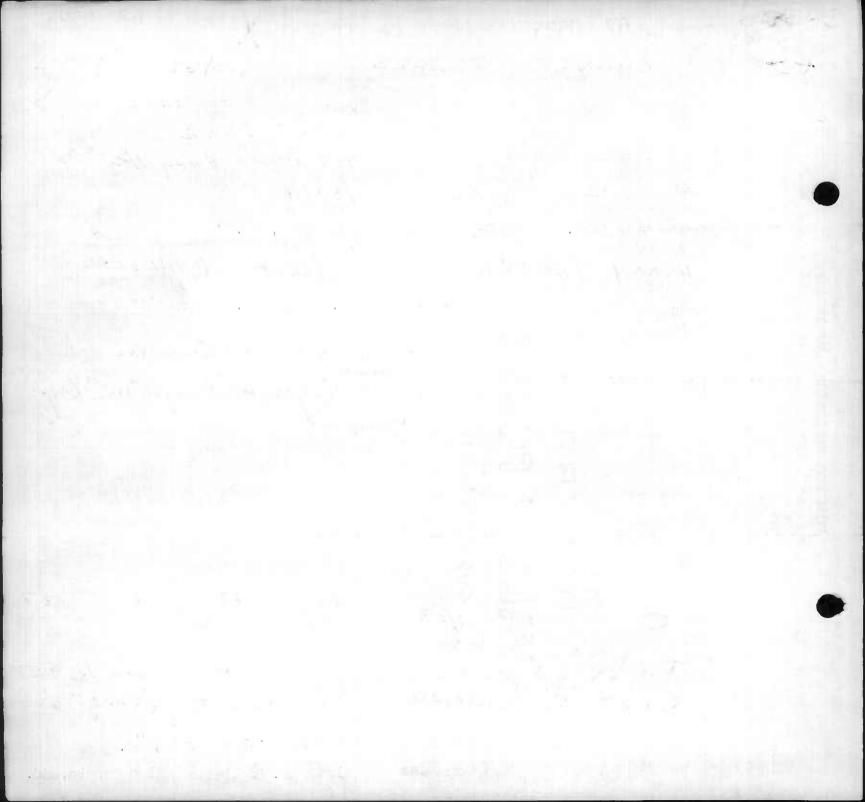
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THEFT HOSPITAL M M morrison --- 49 I A S C VE an adampostly land I Palmonary soulable lovely Phladethanker Hyper Lebers 2.5X 51-1 62 17-18 comercialy they bes

0504	BALTIMORE CITY	HEALTH DEPARTMENT		67	0504
ыкти но. 67 0524	CERTIFICA	TE OF DEATH Reg	gistered Na	07	11.)
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOU	R OF DEATH		
(Type or Print) SNYDER	RAY L.	1-14	-67		4.30 PM.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	, 1701	4. USUAL RESIDENCE (Where deced	sed fived. If instit	ution: residence	e belore odmission)
FULL NAME OF (If not in hospital or institution	give street	MD. BALTI	MORE (
HOSPITAL OR oddress or location) INSTITUTION	, 9		y limits, write RUI	RAL ond give	township)
HO ST. AGNES HOSPI	TAL	BALTIMORE # D. STREET ADDRESS (If rurol, gir	27 ve locotion)	3.	3-00
1		70 MANOR RD	RT. 4 -	- BOX 2	272
	D, NEVER MARRIED ED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE	(In years	If Under 1 Yr.	If Under 24 Hrs.
MALE WHITE	WIDOWED	3-7-93 7	3		
IDA, USUAL OCCUPATION (Give kind of work 10B, KIND (done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign cour	itry)	12. CITIZEN OF	UNTRY?
RETIRED GEN.	ELEC.CORP.	MARYLAND		U,	S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
JOHN L. SNYDER		SENIE LANG			
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT KENC AV	F - RAI	TO ADD	份。21229
(Yes, no or unknown) (If yes, give wor or dotes of service)	557 03 576		P. RECOF	RDS-CAT	TON & WIL
18. 3 70,3	CAUSE O	F DEATH			AL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	C.1.	- labade isla.	ndocand,	1	
(This does not mean the mode of dying, e.g.	(A) UDO	aerfe vacterial El	raccanol,	אַכ	
heart failure, osthenia, etc. It means the diseos injury or complication which caused deoth.)		1.0			
ANTECEDENT CAUSES	(8) Sep	to com, a			
	DUE TO U				
rise to the above cause (A) stoting the	e (C) 53Y	noid volvelos + go	angren	e.	
UNDERLYING CONDITION lost.	J	0	0		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI					
O THER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	THE				
198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	YES (Yes or No) 20B.	IF YES, WERE FIN	IDINGS CONS	SIDERED ?
U 21A. ACCIDENT WAS UNDERLYING 2	IR PLACE OF INJURY (e.g., i	or obout 21C. WHERE DID	(If in Boltimore C	City, give exoc	t locotion)
▼ DEATH (notify medical examiner)	ome, form, foctory, street, of ic.)	nice blag., INJURT OCCUR:			
	E. INJURY OCCURRED	21F. HOW DID INJURY O	CCUR?		
	Vhile At Not While Vork At Work				
		12-22- 1966		2X 1-12	1= 19 67
22. I certify that M) (this haspital) attended	1 1 /1	67	V	PA (.)	
that (1) (we) last saw the deceased alive an			hy) (aur) apinio	an death acc	urred an the date
and haur and fram the causes stated abave.	AJ) (We) (did) (母級本会) v	iew the bady after death.		OD DATE CICI	150
23A. SIGNATURE	M.D. Atte	ending Med. Stoff		3B. DATE SIGN	
1100001	Phy	s. Director Phys.			+-0/
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS BALTO	MD. 212		KENG ANE
J. D. 17001	013	ST. AGNES HOSPIT		1 & WIL	KENS AVE
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY of CRI	MATORY 24D. LOCATIO	City,	town, or coun	(Stote)
Burial Jan. 17/67 =	Sorraine Par	K Cemetery Bali	timore,	Mary	land-
1011	OF REGISTRAR	25C. FUNERAL DIRECTOR	Singl	eton fun	DDRESS HOME
JAN 18 1967 (Lax	E. Jankartin	A Congleton	6/67	Burn	18, Md.
VS 150-REV. 1/1/65					

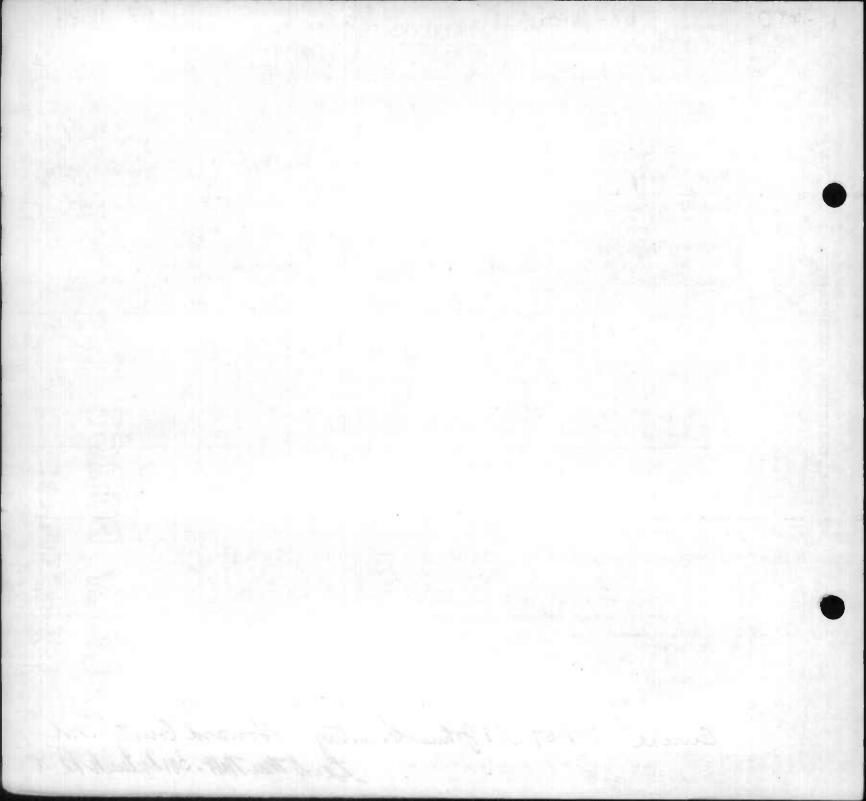
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VS 150-REV. 1/1/65



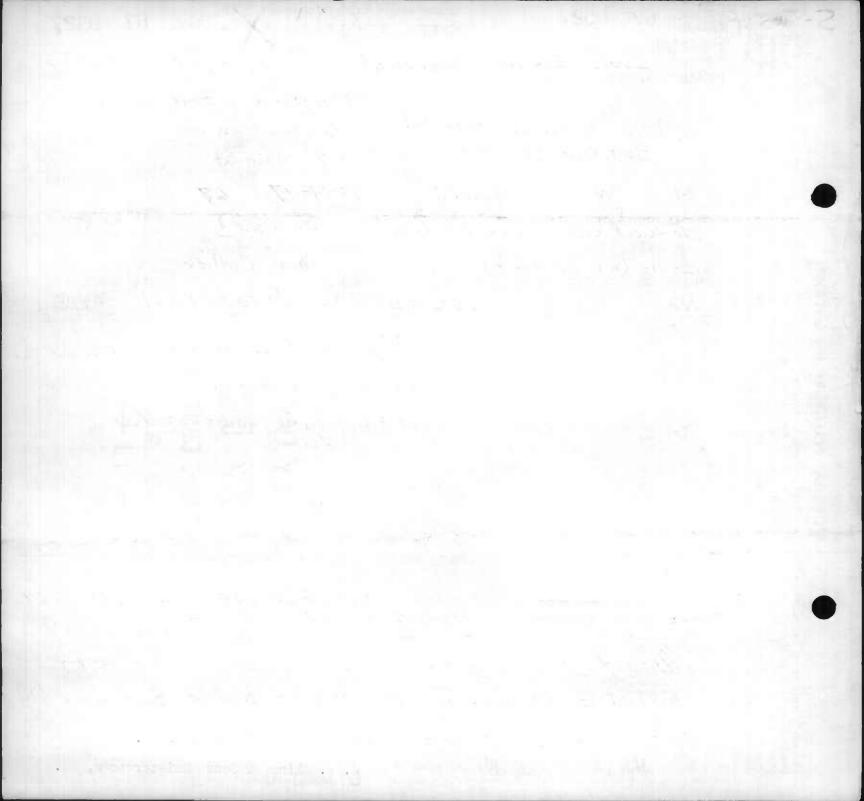
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death of shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and has a deceased prior to death. Such written approved must be obtained has been approved in the deceased prior to death.

BIRTH NO.	67 0526		TE OF DEATH	Registered No	67 0526
M.E. CASE NO.	ECEASED.	CERTIFICA	TE OF DEATH	D HOUR OF DEATH	
(Type or Print)		IPRU			2 1 110 1
3. PLACE OF D	EATH IN BALTIMORE, MARYLA	IRBY	4. USUAL RESIDENCE (When	ARY 15 196 de deceosed lived. If ins	titution: residence before admission)
			A. STATE B. COUN	TY	
HOSPITAL O		stitution, give street	C. CITY OR TOWN (If out	side city limits, write R	URAL and give township)
INSTITUTION		ŧ	BALTIMORF		2531
36+	GANKLIN SQUARE	- HACDITAL -		rural, give location)	60-01
T	PANKLIN ZOUGUE	100711710	404 HAZLE	IT WE 2	9
5. SEX		MARRIED, NEVER MARRIED VIDQWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years tost birthdoy)	If Under 1 Yr. If Under 24 Hrs.
F	W	VIDOWED, DIVORCED (specify)	8 24 00	66	Notice that the state of the st
		KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei		12. CITIZEN OF WHAT COUNTRY?
one during most	of working lile, even if retired) RETIRED	(~)	KALTILLEI	RE MD.	
3. FATHER'S N			14. MOTHER'S MAIDEN NAM		USA
	Language Ann Sec.	011120 511=000	\$0(6) F	RVA STERF	2 4 3
5 Was Desert	ed Ever in U. S. Armed Forces?	PLARD SHEPRY	17. INFORMANT	RVA STERF	ADDRESS
Yes, no or unkno	wn) (If yes, give wor or dotes of	service) SECURITY NO.		0	
		212-01-813	4 CHA	18T - HOSPI	TAL
18.	20,11	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DIRECT	LY	to U.T.		
(This does	LEADING TO DEATH not mean the made of dyin	IQ. e.g., DUE TO	ما ما م		000000000000000000000000000000000000000
heart failur	e, asthenia, etc. It means the	disease,			
injury ar c	amplication which caused deal	ih.)			
	ANTECEDENT CAUSES	DUE TO	***************************************	20 000 title til 00 til	
	OR CONDITIONS, if any, the above cause (A) stat				
	NG CONDITION last.	(0)			
	II .				
OTHER SIG	NIFICANT CONDITIONS CONT	RIBUTING			J. J. R. 445
DISEASE C	R CONDITION CAUSING IT.				
OTHER SIGN TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF T	OF OPERATION 198. CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	INDINGS CONSIDERED USES OF DEATH?
E STA ACCU	DENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	n of chaut 21 C WHERE DID	(16 in Beteinnen	City sine annat benefit a
OR CONTR	BUTING CAUSE OF	home, farm, factory, street, o	ffice bldg. INJURY OCCUR?	tii in bottimore	City, give exact location)
U	ify medical examiner	etc.)			
OF INJURY	(Month) (Doy) (Year) (He		21 F. HOW DID INJ	URY OCCUR?	
(APPROX.)		While At Not While Work At Work			
22. 1 certi	fy that (LY (this haspital) att	tended the deceosed from	IMPUARY 14 1	1967 10 2	ANNARY 15 1967
that (L) (w	e) lost saw the deceased of	ive on 11:60 AM, JAN. 1			
		bave. (1) (We) (did) (did not) v			
23A. SIGN A		Journal (I) (III) (did) (did libi) (new the body offer deom.		23B, DATE SIGNED
4	O D	- M.D. Atte	ending Med.	Stoff	
22 C BUYEL	rolinaud C. Toli	Mee Phy	s. Director	Phys.	JAN. 15,1967
23 C. PHYSIC	(Type)	3	23D. ADDRESS		//
	FERDINAND	C. PODRIGUEZ M.O.	FRANKLI	IN SOMARE	: HOSPITAL
24A. BURIAL C		24C. NAME OF CEMETERY OF CR	MATORY 24D. LC	OCATION (City	y town, or county) (Stote)
Buri	al 1-18-67	St Johns Ce	melly 14	oward Co	ounty-and
25A. DATE REC	D BY HEALTH DEPT. 258.		25C. FUNERAL DIRECTOR	n 11 7.	ADDRESS !
	JAN 1 8 1967 (1)	NAME OF REGISTRAL	6 OSSIMA	2/M/r-201.	Milmich Kd-18
VE 150 BEV 1/	1/45				



CERTIFICATE OF DEATH Registered Na. BIRTH NO. the Such M.E. CASE NO 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED lived. If institution: residence before admission) Imore (If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. Haurs 12. CITIZEN OF WHAT COUNTRY? SA ADDRESS Same address INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) _____and that in(my) (***) apinian death accurred an the date (we = Dr. James Saffell 23 B. DATE SIGNED eceased (City, town, ar county) decease 1/18/67 Reisterstown, Md. All Saints Cemetery Burial 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS & Sons Reisterstown, Md. F. Eline VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



0100	BALTIMORE CITY	HEALTH DEPARTMENT		67 0528
BIRTH NO. 67 0528 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	0020
I. NAME OF DECEASED (Type or Print) BERTHA	mklin	ONKLIN 2. DATE AND	HOUR OF DEATH	Yan
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	0.01	4. USUAL RESIDENCE/(Where	deceased lived. If insti	nution: residence before odmission!
FULL NAME OF (If not in hospital or institution, give HOSPITAL OR oddress or location) INSTITUTION		Md. B	ALTO. Consider city limits, write RU	53-00 RAL ond give township!
37 MERCY HOSE	P.		RURAL	- PHOENIX RO.
3/ 100		MEDRUMAN	S Mill Rd	
5. SEX 6. RACE 7. MARRIED, NI WIDOWED, 1	EVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH 9-20-1883	P. AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Nonth's Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	JSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	8 3	12, CITIZEN OF
done during most of working life, even if retired)	HOME	BALTO.	Md	WHAT COUNTRY?
HOUSEWIFE AT	TOME	14. MOTHERS MAIDEN NAM	AE	V. J. H
LUTHER W. CALLENG	ER	LAURA ELLE	N MILLE	R
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
NO	18-32-1950	FAMILY		SAME
18. 4 20. /	CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)	we HI		Hindes
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	O DI	soft or the se	66100	1 march
ANTECEDENT CAUSES	DUE TO	JOHN HEE	at purious	1 1 1000 000
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the UNDERLYING CONDITION (ast.	(CI A	SCUD		years
11				10
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WH WAS PERFORMED 121A. ACCIDENT WAS UNDERLYING 21B. PL	ICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTING CAUSE OF home,	ACE OF INJURY (e.g., in form, foctory, street, of	or obout 21 C. WHERE DID	(If in Boltimore C	City, give exact location!
	IJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.1 While Work	At Work			1
22. I certify that (t) (this hospital) attended the		2/17 1	96610	14 1966
that (1) (we) last saw the deceased alive on	1/14	19 and the	it in (my) (our) opini	on death occurred an the date
and hour and from the causes stated above.	Wel (did) (did not) v	iew the body after death.		
23A STENATURE	M.D. Atte	nding Med.	Stoff	3B. DATE SIGNED
23C. PHYSICIAN'S	Phy	Director Director	Phy s.	11467
NAME (Type)	M.D.			
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	E of CEMETERY TO	24D. LC	CATION (City,	town, or countyl (Stotel
BURIAL 1-17-67 CHES	STNUTGROUP	PRESBYTERIAN	BALTO.	COUNTY MC
25A. DATE REC'D JANALTH DEBG 7 28. HAME OF	NEGISTRAR	25C. FUNERAL DIRECTOR		BELAIR Rd 2-206
VS 150-REV. 1/1/65	E 24	Jan	7,7,7,	Ozzaria () Nijeria - B



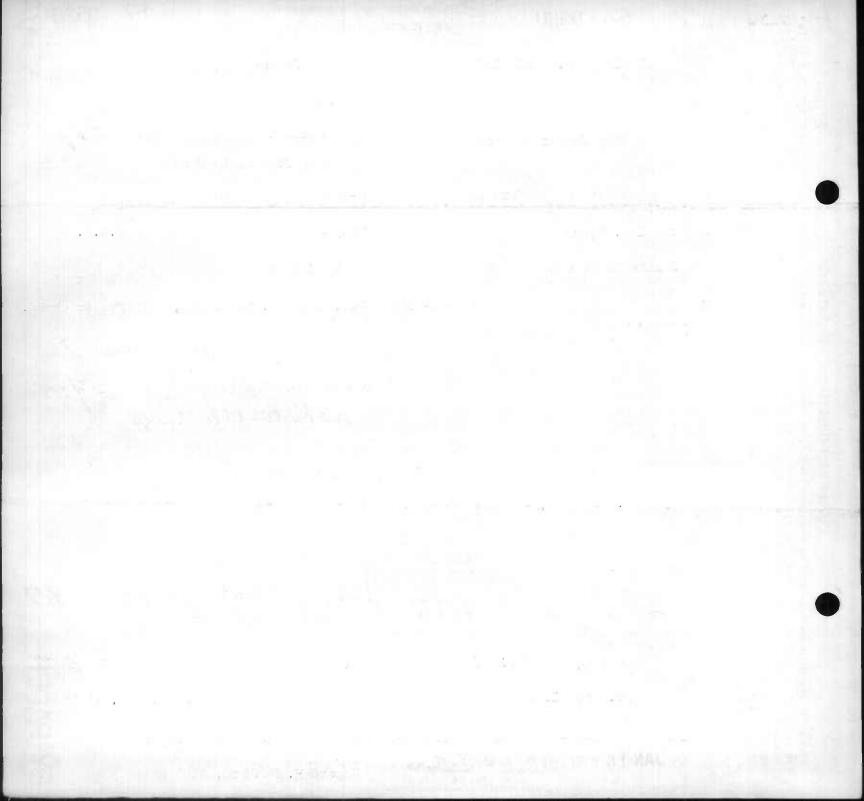
	67 0529	BALTIMORE CITY	HEALTH DEPARTMENT		67	DEMO
BIRTH		CERTIFICA	TE OF DEATH	Registered Na.	67	0324
	ASE NO. ME OF DECEASED Faros		2. DATE AND	HOUR OF DEATH		
Туре		JAMES P.	1.	15-67		5:20 P M
	CE OF DEATH IN BALTIMORE, MAR		4. USUAL RESIDENCE (Where A. STATE 8. COUNT)		stitution: resid	dence before admission)
HO	SPITAL OR oddress or location)	institution, give street	the same of the Contract of th	de city limits, write F	RURAL and g	nive township
INS	ST. AGNES H	HOSPITAL	BALTIMORE		2	7-48
,	40		5723-A YORK	(RD.		
	ALE WHITE	MARRIED, NEVER MARRIED (Specify)	1-17-1895 -94-10	AGE (In yeors st bighdoy) 72-71	Months D	Yr. If Under 24 Hrs. oys Hours Min.
	SUAL OCCUPATION (Give kind of work) uring most of working life, even if retired)	OB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEI WHAT	N OF COUNTRY?
	RETIRED	Merchant	GREECE		U,	S.A.
3. FA	THER'S NAME		14. MOTHER'S MAIDEN NAM	E	-	
	PETE-FARAS Peter	Faros	HELEN Ele	ni Skekou		
5. Wo	os Deceosed Ever in U. S. Armed Force o or unknown) (If yes, give wor or dotes NO	of service) SECURITY NO.	17. INFORMANT AVE E	BALTO., MI	D. 212	PASS TON E WILKI
118	361.51		F DEATH	T. RECOR		TERVAL BETWEEN
	DISEASE OR CONDITION DIRE	CILY			01	NSET AND DEATH
	LEADING TO DEATH	(A)	intestinal or	bat ote		
	his daes not mean the made of	dying, e.g., DUE TO	n yun ar el	or with the same	/	>
	earl failure, asthenia, etc. 11 means t ijuty or camplication which coused o	feath.)	Coday	211.		
	ANTECEDENT CAUSES	(8)	in Carceral	er hen	-	00000 - 00000 0 0 - 0 - 0
	ISEASES OR CONDITIONS, if a	ny, giving				
	se la lhe abave cause (A) : NDERLYING CONDITION last.	slaling the (C)	and drive marker draft to as as as a to the state at a state of the st			damara 60 00 mad 0 000 0 to 000 0 0 1 1 0 0 0 0 0 0
-	11					
≝ I 1	THER SIGNIFICANT CONDITIONS CO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.	ED TO THE				
	A. DATE OF OPERATION 198. COND	ITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS C USES OF DE	ONSIDERED ATH?
J 2	A. ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF EATH (notify medical examinet)	218 PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	(If in Boltimore	E City, give	exoct lacotion)
0 2	D. TIME (Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?		
-	F INJURY APPROX.)	While At Not Whi Work At Work	le 🗌			
2	2. I certify that 💢 (this hospital)		1-4-67 19	A	1-15	1967
- 1	iat () (we) last saw the deceased				-	
1				in(my) (dur) api	nian death	accurred an the date
	nd haur and fram the causes state	q apaner XI) (Me) (qiq) XiX XiXX	view the bady after death.		Jan BATE	aleure -
2.	NICKBAKH	M.D. AH	ending Med. S	toll —	23B. DATE	5 = 67
		Phy		toff hys.	1-13	5 = 0 /
2	C. PHYSICIAN'S NAME (Type) MOHAMM	AD NICKBAKHT, M.D.	ST. AGNES HOS		. 212; TON &	29 WILKENS
24A.	BURIAL CREMATION, 248. DATE	24C. NAME OF CEMETERY OF CR			ity, town, or	
	REMOVAL (Specify)	67 (200) 0-41-3 2				
25A.		67 Greek Orthodox Ce	metery Bal	timore, Md.)	ADDRESS
			25C. FUNERAL DIRECTOR Eugenia K. Se Seltz Funeral	itz 5209 Yo	ork Rd.	
	JAN 1 8 1967	ROSE Fally Mi	Seltz Funeral	Home Balt	0. 1/d.	21212
VS 15	U-KEV. 1/1/65					

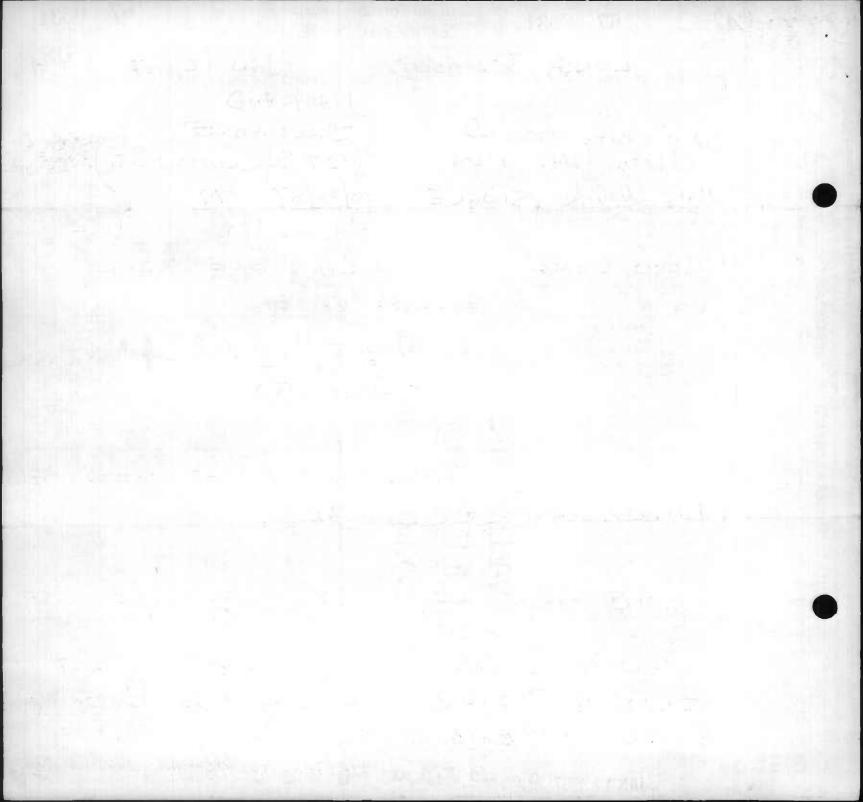
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1-15-31

BIRTH NO.		BALTIMORE CITY	TIENETTI DEI PROTEITI		67	8 1 7 21 1
WINDS TO PARTY IN LAND.	67 053	CERTIFICA	TE OF DEATH	Registered No	. , ,	0530
NAME OF DECE	ASED		2. DATE AND	HOUR OF DEATH		
Type or Print)	ILLIAM H.	HENDRICKS	Januar	y 17, 1967		
. PLACE OF DEAT	TH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where	deceased lived, If in	stitution: residen	ce before odmissi
			A. STATE B. COUNT	Υ		
FULL NAME OF HOSPITAL OR	(If not in hospital oddress or location	or institution, give street	Maryland			
INSTITUTION	ougless of localion	117	C. CITY OR TOWN (If outs	ide city limits, write R	URAL ond give	township)
0.0	4909 Freder	rick Road	Baltimore	1 2 1 2	10-	2
00	4707 IICaci	iick Road	D. STREET ADDRESS (If re			
			4909 Frede			
. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	. AGE (In years ost birthday)	Months Doys	Hours Min
Male	White	Married	8-10-1898	68		
		108, KIND OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (State or foreig	n country)	12. CITIZEN C	OF CHAITBY?
	orking life, even if retired)		Massyland			
	Ins. Agent		Maryland 14. MOTHER'S MAIDEN NAM		U.	S.A.
3. FATHER'S NAM	E .		14. MOINERS MAIDEN NAM	15		
Josh	a Hendricks		Mary Turner			
5. Was Deceased	Ever in U. S. Armed For		17, INFORMANT		ADD	DRESS
	(If yes, give wor or dote				=	
No	1-17	214-05-1386	Mrs. Marie B.	Hendricks,		
18.450,	0 1	CÂUSE O	F DEATH			RVAL BETWEEN
	OR CONDITION DIE	RECTLY	8	1 -		
	EADING TO DEATH	(A)	Leveralica	arreno	solerose	0
	I mean the made of isthenia, etc. It means		0			
	lication which caused		be assistant	Ab unto I	75	LTL.
A	NTECEDENT CAUSES	(B) C	arecuous y			2700
DISEASES	CONDITIONS, it	DUE TO	De at Bu	with 1		
	above cause (A)		merasia	us to ru	wys	
UNDERLYING	CONDITION last.					
	11		/			
OTHER SIGNIE	CANT CONDITIONS		alia & such			2
TO THE DE						
	CONDITION CAUSING		7.007			
	OPERATION 198. CON	IT. IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE I	FINDINGS CON	ISIDERED H?
	CONDITION CAUSING	IT. IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CON	ISIDERED H?
19A. DATE OF	OPERATION CAUSING I OPERATION 198, CON WAS PER	IT. NOTION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., i	in or obout 21 C. WHERE DID	IN CERTIFYING CA	FINDINGS CON USES OF DEAT	
19A. DATE OF 21A. ACCIDEN OR CONTRIBUT	OPERATION CAUSING I	IT. NOTION FOR WHICH OPERATION FORMED	in or obout 21 C. WHERE DID	IN CERTIFYING CA		
19A. DATE OF 21A. ACCIDEN OR CONTRIBUT DEATH (notify)	OPERATION 198. CON WAS PER T WAS UNDERLYING TING CAUSE OF medicol examiner	IT. NOTION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	in or obout 21 C, WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore		
19A. DATE OF 21A. ACCIDEN OR CONTRIBUT DEATH (notify) 21D. TIME OF INJURY	OPERATION 198. CON WAS PER	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) 218. INJURY OCCURRED	in or obout 21 C, WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore		
19A. DATE OF 21A. ACCIDEN OR CONTRIBUTE DEATH (notify) OF CONTRIBUTE OF	OPERATION 198. CON WAS PER T WAS UNDERLYING TING CAUSE OF medicol examiner	IT. NOTION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	21 F. HOW DID INJURY	(If in Boltimore		
19A.DATE OF 21A. ACCIDEN OR CONTRIBUT DEATH (notify) 21D. TIME OF INJURY (APPROX.)	OPERATION 198. CON WAS PER T WAS UNDERLYING TING CAUSE OF medicol examiner (Month) (Doy) (Yeor)	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) (Hour) 21E. INJURY OCCURRED White AT Not White At Work Not Work	in or obout 21 C. WHERE DID injury occur?	IN CERTIFYING CAI		
TO THE DE DISEASE OR CONTRIBUTION OR CONTRIBUTION OF CONTRIBUTION OF INJURY (APPROX.) 22. I certify 1	OPERATION 198. CON WAS PER T WAS UNDERLYING ING CAUSE OF medical examiner) (Month) (Doy) (Year)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, on etc.) (Hour) 21E. INJURY OCCURRED White AT Not White AT Not Work	21 F. HOW DID INJURY	IN CERTIFYING CAN	City, give exc	oct locotion)
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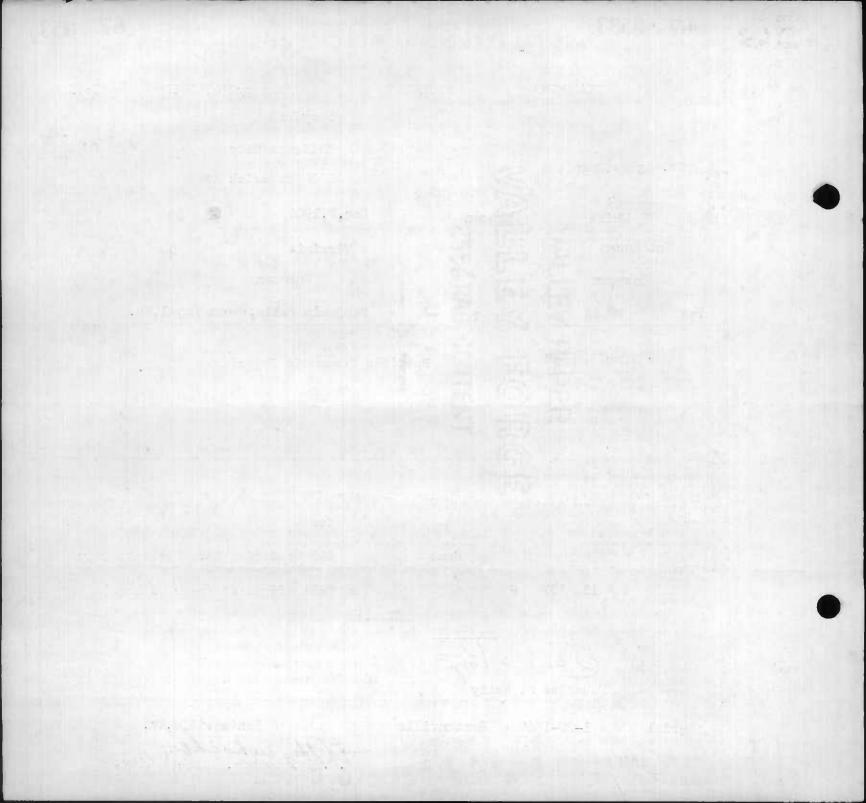
4-553

67 0532 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.		DICAL EXAMINER'S C	ERTIFICAT	TE OF I	DEATH Register	h.7. 0532
M.E. CASE				IO DATE AND	D HOUR PRONOUNCE	DEAD
(Type or Pri	THERESA	SCHULER LAMONT	LAMOND	Janua	ary 14, 1967	1:10 P
CER	BALTIMORE MARYLAND,	TAL OF INSTITUTION, OF ETHE	Mar	yland	BAI	tution: residence before admission) NTY TIMORE RURAL and give township)
HOSPITAL O	N	2-2-01		timot #	DUNDALK	53-00
Mon	ntebello State I	Hospital	75	Dundall	k Avenue	
5. SEX Fema	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	1/15/18		9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min.
IOA. USUAL	OCCUPATION (Give kind of wo	IN TOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreig		12. CITIZEN OF WHAT COUNTRY?
done during t	WATTRESS if retired	FOOD	IV.	ARYLAN	ND	USA
13. FATHER			14. MOTHER'S M	AIDEN NAM	E	
	JOSEPH SCHUI	LER	MA	RY FIS	SKE	
15. WAS DE	CEASED EVER IN U.S. ARME	D FORCES? tes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		75	Dundalk Ave.
NO		158/09/0506	John J	. Schu	ller- Dund	alk, Md.
1B. 3	31X 1	CAUSE	OF DEATH	V H		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DEAT	DIRECTLY	acerebral	Homowak	2000	
(This heart	daes not mean the mode of foilure, osthenio, etc. It mean or complication which caused	of dying, e.g., DUE TO	acerebrar	Hemotti	lage.	
IIIIIIIII						
RISE	ANTECEDENT CAUS ASES OR CONDITIONS, IF TO THE ABOVE CAUSE (A) DERLYING CONDITION LAST	ANY, GIVING DUE TO STATING THE				
Z		(C)				
<u>♀</u> то	II ER SIGNIFICANT CONDITION THE DEATH BUT NOT R ASE OR CONDITION CAUSIN	ELATED TO THE				
19A. D.	ATE OF OPERATION 198. CO	NOTION FOR WHICH OPERATION REFORMED	Yes	5	20B. IF YES, WERE FILL IN CERTIFYING CAUS	SES OF DEATH? Yes
UNDER	TERNAL CAUSE WAS LYING OR CONTRIB- CAUSE OF DEATH.	21B, PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	in ar obout 21C. \ office bldg., INJUR	WHERE DID	(If in Baltimore City, gi	ve exact location)
21 D TI	URY		WHILE	THI DID WO	URY OCCUR?	
22.	1 certify that I held an			d that on th	is basis, deoth in n	ny opinion
	resulted from: Natural c			ide 🗌 📗	Undetermined manne	er 🗌
		()_			AMINER	DATE SIGNED
	CTUAL GNATURE ()	marles / aug M.D	ASSISTANT M	EDICAL EX	KAMINER 🗵	1/15/67
	XAMINER'S AME (Type) Charle	es S. Petty	ASSOCIATE A	EDICAL E	XAMINER	1, 13, 0,
23A. BURIA	(Specify) 238. DATE	23C. NAME of CEMETERY	or CREMATORY	23D. L	OCATION (City,	, tawn, or county) (State)
	RIAL 1/1	9/67 Grans. of H	raith	В	alto. Co.,	Maryland
	REC'D BY HEALTH DEPT.	248, NAME OF REGISTRAR		AL DIRECTOR		ADDRESS
	JAN 18 1967	Rego E. Farbura	WATE	ER-BRO	OKS BRADE	Y, DUNDALK, MD
VS 151-RE		division 1	0.0	U I	UNIO DITALLY	at a nomination

V.S.

M.E. CASE NO.	MEL	JICAL E	XAMINEK	5 CERTIF	CERTIFICATE OF DEATH Registered Na.				
1. NAME OF DE						D HOUR PRONOUNCE	D DEAD		
2 BLACE IN BAL	BENJAM		RICKA		Janu	ary 14, 1967	12:15 A M.		
FULL NAME OF	(IF NOT IN HOSPI	TAL OR INSTIT	UTION, GIVE STREE	A. STAT	^E Maryland	8. COUI			
HOSPITAL OR	ADDRESS OR LOC	(ATION)		C. CITT					
1/000	A amag IIaanit	_ 1		D. STREE	Ellicott (ET ADDRESS (If rurol,		33-00		
10 31.	Agnes Hospita	ат			143 Frede				
S. SEX	6. RACE	WIDOWED, DIVORCED (specify)			OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr, If Under 24 Hrs.		
Male	White				.2,1900	Months Doys Hours Min.			
done during most of	CUPATION (Give kind of wind of working lite, even if retired Known	ork TOB. KIND O		DU STRY 11. BIRTH		gn country)	12. CITIZEN OF WHAT COUNTRY?		
13, FATHER'S NA					HER'S MAIDEN NAM	E			
	Unknown				Unknown	1			
	SED EVER IN U.S. ARMI		16. SO CIAL SECURITY NO.	17. INFOR	MANT		ADDRESS		
Yes	WW II		?		jamin Ralls	L, Va.			
18. 0	INTERVAL BETWEEN ONSET AND DEATH								
DISEASES RISE TO TI UNDERLY OTHER SIG	LEADING TO DEAT not mean the mode (e., ostherio, etc. II meo omplication which couse ANTECEDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LAST II GNIFICANT CONDITION DEATH BUT NOT I OR CONDITION CAUSI	of dying, e.g., ns the discose, d deoth.) SES ANY, GIVING STATING THE S. CONTRIBUTI RELATED TO	(8) DUE TO (C)		caumatic In	juries.			
100	F OPERATION 198, CO	NDITION FOR	WHICH OPERATIO	N 20A. A	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FI				
0 2					Yes		Yes		
OUNDERLYING	AL CAUSE WAS FOR CONTRIB-	218. hom	e, form, foctory, s	treet, office bldg.	INJURY OCCUR?	(If in Boltimore City, giv			
1 5			Home			rick Rd., El	licott City		
OF INJURY			21E. INJURY OCCU		21F, HOW DID INJ		10		
(APPROX.)	1 13 '(57 P _m .	WHILE AT WORK	NOT WHILE	Fell off	cliff (rear	of home) 53-20		
	ertify that I held an	Inquiry	Inspection	Autopsy X	ond that on th	is basis, deoth in m	y apinlan		
resu	ulted fram: Natural c	auses	Accident X	Suicide	Hamicide 🗌	Undatermined manne	r		
ACTIV			1/_		HEF MEDICAL EX		DATE SIGNED		
SIGNA		tules I	Tally "		ANT MEDICAL E		1/14/67		
	(Turn) Charle	es S. Pe	tty	ASSOC	IATE MEDICAL E	XAMINER	1/14/0/		
	. ,,		C. NAME OF CEM	ETERY or CREMA	TORY 23D. L	OCATION (City,	town, or county) (State)		
23A, BURIAL CR	REMATION, 23B. DATE								
23A, BURIAL CR REMOVAL (Spec	ify)		Pent mari	10			Va.		
REMOVAL (Special Buria)	ify)	-1967	Bentonvil		EUNERAL DIRECTOR	Bentenville,	Va.		



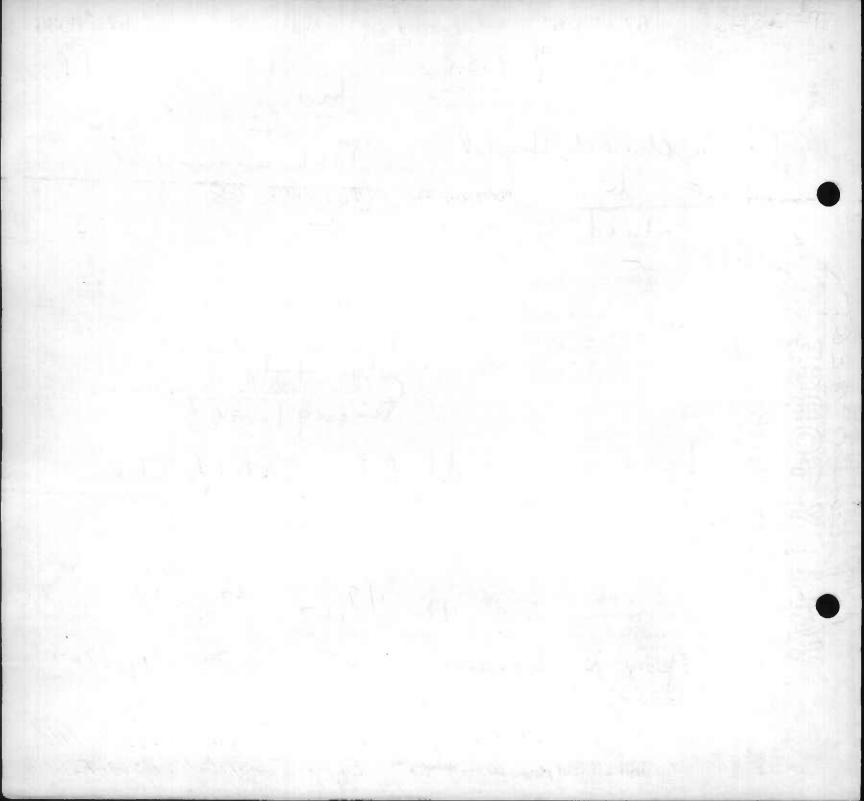
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due to the section of the 998 1093 V 1998 V 1998

OH OFOE	BALTIMORE CITY	HEALTH DEPARTMENT		67 0535
BIRTH NO. 67 0535	CERTIFICA	TE OF DEATH	Registered No.	07 0000
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE ANI	HOUR OF DEATH	
Type or Print Habicht, From	ge	Sin	. 16,	1967 6:00
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. II in	nstitution: residence before Amissi
FULL NAME OF (If nat in hospital or institution,	ava shaat	muslow		
HOSPITAL OR address or location)	give sireei		ide city limits, write	RURAL and give township)
		Bellemor		17-34
35 Church Home 4	(to about		urol, give location) -	a dia
		5763 Med	gle Kil	e to
TVIE OF STATE	D. NEVER MARRIED		. AGE (In years	If Under 1 Yr. If Under 24 F Months: Days Hours Min.
$M = \omega$	DIVORCED (specify)	Nov. 22, 1895	ost birthday) yrs	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or foreig	n country)	12. CITIZEN OF
one during most al working life, even it settred)		Brolls. n	A.	WHAT COUNTRY?
3. FATHERS NAME	Business	14. MOTHER'S MAIDEN NAM	,	u = 11
04. 11. 11. 11. 1. 20	4	Elizabeth) (0 = /
William Harrica	7 (505)	- ()	-in	
5. Was Deceased Ever in U. S. Armed Farces? fes, no ar unknown) (II yes, give wor or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
Wes WWL	212-10-7422	Daughler		5\$ 51 nugli/he
18. 3.3/XI	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	1			ONSET AND DEATH
LEADING TO DEATH	(A)	erebral 4	encora	12 2
(This does not meon the mode of dying, e.g. heart failure, osthenia, etc. It meons the disease		,		
injury ar complication which caused death.)		Sypertime	1-1	
ANTECEDENT CAUSES	(B)	7,7000000		***************************************
DISEASES OR CONDITIONS, if any, giving				
rise to the obove cause (A) stating the UNDERLYING CONDITION lost.	(C)			
11	<u></u>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION				
DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
M -	2 01 4 02 02	1 1010		
OR CONTRIBUTING CAUSE OF ho	B. PLACE OF INJURY (e.g., in me, larm, factory, street, of		(If in Boltimor	e City, give exact location)
	ie)			
OF INJURY	E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
≥ (APPROY)	hile At Not While			1
22. I certify that (I) (this hospital) attended		Jan. 16 10	67 10	tun. 16 196.
that (I) (we) lost sow the deceased alive on.	May 16	/		
		ond tho	r in (my) (our) opi	inion deoth occurred on the d
ond hour ond from the couses stoted above.	(I) (We) (did) (did not) y	iew the body ofter deoth.		
(Marion	an M.D. Aire	nding Med. m	iolf /	23 B. DATE SIGNED
7-00	Phy!	s. Director F	hy s.	1/16/67
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		1 11.
Minila Salas	M.D.	cauch	14me	- A (Lab.
4A. BURIAL CREMATION, 24B. DATE 24C.N REMOVAL (Specify)	AME of CEMETERY OF CRE	MATORY 24D. LO	CATION (C	ity, town, or county) (State)
D	7.8	275 48		Md.
SA. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR Memori	25C. FUNERAL DIRECTOR	timore	ADDRESS (34
Manager Na On	0 To 00 us	20 EN 17 A	011	134 B
S 150-REV. 1/1765 N 1.8 1967 (16.2005)	E ACTORDING	LCOMO SILVERTINE	outral Hom	~ 140/ Below to

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-	70			OP	0500		BALTI	MORE CITY	HEALTH DEPA	RTMENT			OP	0 = 00
1	2002		H NO.	67	0536		CER	TIFICA	TE OF D	EATH	Registered	No	6/	-0536
	こさられっ	1. N	AME OF DE		. /	7)				2. DATE AN	D HOUR OF DE.	ATH		
			e ar Print)	FAI	YNIE'	1TYS	NO			111	0/67			1 P N
	hospital ise of c (5) Dece ance or death.	3. P	LACE OF D	EATH IN B	ALTIMORE, MI	ATTLAND			4. USUAL RESI	B. COUN	e deceased lived. TY	If institution	n: residence	before admission)
	hospi ise o (5) D ance deat	F	ULL NAME	OF (If	not in hospital	ar institution,	give street		M	el:				
		ii	OSPITAL OF	R od	dress or location	on)			C. CITY OR TO	WN (If out	side city limits, w	rite RURAL	and give t	ownship)
		2	80	1	1	1	()		D. STREET ADI	TELY (III	rural, give location	1		
	D.= -	7		nu ve	ising	Hopu	ax		116	(Pearas	1	SA	SORC EAN
	F 5 0 0	5. S	EX	6. RACE	- 7		NEVER MAR		B. DATE OF BIR	TH	9. AGE (In years	If U	Inder 1 Yr.	, If Under 24 Hrs.
	contrib contrib letermin in regulc eceased on is made		(W)		Taow		Dec. 1	1898	last birthday)	Mon	ths Doys	Hours Min.
	con con re- ced				(Give kind af wo	k 108. KIND OF	BUSINESS O	RINDUSTRY	11. BIRTHPLACE	(Stote ar forei	gn cauntry)	12.	CITIZEN OF	UNTRY?
	P - D - D -		·NR	tive	d	7	nore		ME	va/2	nd		05	A
	ct oct o	13. [FATHER'S N.	AME	-				14. MOTHER'S	MAIDEN NA	A E			
<u> </u>	direct direct (4) U th was on the dispos													
Z	0 0 0 -	15. V (Yes	Vos Deceas	ed Ever in L	J. S. Armed Fo	rces? es of service)	1 6- SOCIAL SECURIT	Y NO.	17. INFORMAN	Γ			ADDR	ESS
E	ssist the the kin de ince	}							AD (our	pene			
O , APORTAN	his assist o, if the f any kir nced de endance d or fina		1B. 44	13 X	1			CAUSE O	F DEATH					AL BETWEEN AND DEATH
A B	ner or his aser. Also, if cture of any pronounced lar attenda		DISE		ONDITION DEATH			6)	11011	~an c	2		ONSET	AND DEATH
W=	Also, re of noun attel			not mean	the made o	dying, e.g.,		DUE TO	A				*************	
22	iner or iner. A acture pronc ular a mbalm				etc. II mean which cause	s the diseose, d death.)			lye .	1001	A 110.	1 -A		
YN TOR	fra nin			ANTECED	ENT CAUSE	S		B) DUE TO	illu	selen	le 139/	ulle	med	10mm 6 g + + + + + + + + + + + + + + + + + +
ECI	Xan Kan Wh re					any, giving		1	rease	4 re	est 1			
SE SE	(3) (3) In			NG COND		slating the		(C)	~~~~	1				
40	dical dical rrns; (s rsician was i mains			-	11		1. (1 - 0	A	000	1 0 /	2	\	
AA	medical medical burns; physicia an was remain	ATION	TO THE	DEATH B	UT NOT REL	CONTRIBUTING ATED TO TH	G DE	luj de	alain	Ela	level to	del	ren	ei.
A R	Y - X	ICA		OF OPERATION	ON THE COL	IT. NDITION FOR V	WHICH OPER	ATION	20A. AUTOP	SY2/Yes or No	208. IF Y S, W	ERE FINDIN	IGS CONSI	DERED
UNER	- S - S	ERTIFIC	0		WAS PE	RFORMED		V			IN CERTIFYING	CAUSES	OF DEATH?	,
23			21 A. ACCIE	ENT WAS	UNDERLYING	21 B	PLACE OF I	NJURY (e.g., in	or about 21 C. W	HERE DID	(If in Bol	timore City,	give exoct	location)
6	by the pital bure; (2) where No pl	V	DEATH (not	tify medical	exominer)	etc.		,, ,	5.					
3	10 2 3 0	MEDI	OF INJURY	(Month)	(Doy) (Year)		INJURY OC			OM DID INJ	URY OCCUR?			91111
	proved the hosen ny nate except and (6	<	(APPROX.)			Wh	ile At	Not While At Work					,	
	the liny nexce		22. I certi	fy that (1)	(this hospite	l) ottended t	he deceosed		17		9 6 1 to	1/	10	19 6/
	000.0		thot (1) (w	e) lost sov	v the deceas	ed olive on		10	19 4	ond the	ot in(my) (our)	opinion	death occi	urred on the dot
	ased to dent of ospital death) must be	11 1			e couses sto	oted obove. (I	l) (We) (did)	(did not) v	iew the body o	ofter deoth.				
			23A. SIGNA		0	1	0	M D Atte	ending,	Med.	Stoff	23 B.	DATE SIGN	967
	F 0 0 5 + 0		23 C. PHYSIC	orex	/W .	- cer	enec	Phy	s. 🗀 l	Director	Phy s.		1101	/ - /
	was r An a An a prior		MAME	(Type)	D	1-04	2 10100	0	23D. ADDRESS				1 /	
		244		REMATION,	24B. DATE	24C N	AME OF CEM	ETERY or CRE	MAATORY	240 14	CATION	15:1		15
	E 70 0 0 0	1	REMOVAL	(Specify)	1-13-	1701	M	. 12		1	CATION	Ticity, low	or count	(Stote)
	S O I	25A	DATE REC	D BY HEAL	TH DEPT.	25B, NAME C	OF REGISTRAR	0	M 25C. FUNER	AL DIRECTOR	2ng 11	VIIO	21/6	DRESS
	This the Ishow was was dece			JAN I	8 196/	R. Conto	ع بالله	Scutter.	Burn	pp. Fox	vierel 14	inf.	3631	Falls No
		VS	50-REV. 1/	1/65			\	131	Alst	a m	JIMU N	X.	V	
								/ /	1	- //	- 0 1 00	///		



	67 053	7		HEALTH DEPARTMEN	V-	67 0522
MRTH NO. M.E. CASE NO			CERTIFICA	TE OF DEAT	H Registered No	
I, NAME OF E				2. DAT	E AND HOUR OF DEATH	1
(Type or Print)	Arnold E. Mic	hael Sr	•	Jan	uary 15, 1967	11:00 PM
3. PLACE OF	DEATH IN BALTIMORE, MA		_	4. USUAL RESIDENCE	(Where deceased lived, If	institution: residence before admission)
FULL NAM HOSPITAL C			give street	Maryland	Baltimore (8.
IOITUTITZMI		117		and the second s		RURAL ond give township)
21-	911			Sparrows P		33-00
) Ba	altimore City H	ospital		D. STREET ADDRESS 1213 Beech	(Il rurol, give location) Wood Rd.	
5. S EX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male	White CCUPATION (Give kind of work	Marr		10/22/09	lost birthdoyl 57	
	t of working life, even if retired)	IIOB. KIND OI	POSINESS OK INDUSIKI	11. BIRTHPLACE (Stote o	r toreign country)	12. CITIZEN OF WHAT COUNTRY?
Pipe	Mill	Bethle	hem Steel Co.	Maryland		U. S. A.
13. FATHER'S	AME			14. MOTHER'S MAIDEN	NAME	
Benjam	uin Michael			Blanch	e Nichels	
15. Was Decea	sed Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT (Wif	'e)	Maryland 21219
No	yes, give wor or dole	3 01 3011(00)	213-07-8497			chwood Rd. Sparrows
18.	34.11		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DIS	EASE OR CONDITION DIE	RECTLY	13	1	0. +11	
	LEADING TO DEATH		(A)	regestive .	heart faile	ere (day
	s nat mean the made af tre, asthenia, etc. It means		DUE TO	7	//	
	camplication which caused		P	0	- 1	30
	ANTECEDENT CAUSES		(B)	monay -	ellma	30 minuela
DISEASES	OR CONDITIONS, il	any, giving	DUE TO	0		
	the abave cause (A)		(C)			
	ING CONDITION last.			***************************************	00700000000000000000000000000000000000	
OTHER SI	GNIFICANT CONDITIONS C					
DISEASE	DEATH BUT NOT RELA OR CONDITION CAUSING I		E			The second second
O THE DISEASE	OF OPERATION 198. CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes	or Nol 208, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
ERT C				MO		
OR CONTI	DENT WAS UNDERLYING CAUSE OF chily medical examiner)	218 hom etc.	PLACE OF INJURY (e.g., in e, lorm, foctory, street, of)	n or obout 21C. WHERE D fice bldg.,	ID (I(in Baltimo	ore City, give exact locotion!
0 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	215 HOW DIE	NINITE OF COURT	
S OF INJURY					NJURY OCCUR?	
(APPROX.)		Wo	ile At Not While	e		
22. I cert	ify that (1) (this hospital) attended t	he deceased from	7-1	1958 to	1- 15 10 67
			1 /1	10 6 7		17
	ve) lost saw the decease					pinian death accurred an the date
1	and from the couses state	ed obave. ((We) (did) (did na) v	lew the bady after de	ath.	
23A. SIGN	ATURE					23B DATE SIGNED
1 1	ol V. Conwo	y a	M.D. Atte	ending Med. Director	Stoff Phys.	1/16/67
23C. PHYSI	CIAN'S	1	· ·	23D. ADDRESS	, ,	
NAMI	John V. Con	nwa w	M.D.	001 000	Chambre	.t W1 01015
044 8418141				, - 5 500	Sparrows Poin	
REMOVA	CREMATION, 248. DATE	24C. N	AME of CEMETERY of CRE	MATORY 24	D. LOCATION	City, town, or countyl (Stotel
Buri		7 Gar	dens of Faith	Cemetery	Ralt	imore, Md.
25A. DATE REG	C'D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRE		ADDRESS
	Garage Color I	0.95	A 2 A			
16 154 5		K.V.JIT	C' Marien	1 2 . no	44) 1744 Wise .	Ave. Dundalk, Md.
V\$ 150-REV. 1	/1/65					

0/22/10 and the second of the second of the second

the state of the s

Security Tenegaci E (my. 10) THE RESERVE TO THE PERSON

American Baltimore City Hospitalis 13/2 ALTERED AVENUE To a to a service and Langati Stema-1 Shirley Byed Familia Butlet Serger Charlet The second second

67 0540	BALTIMORE CITY HEALTH DEPA	ARTMENT		OPN	05.40
BIRTH NO.	CERTIFICATE OF D	EATH Reg	istered Na	67	<u>U54U</u>
1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	TA IISHAL BES	2, DATE AND HOU	15/6)	> (4 25 M.
FULL NAME OF (If not in hospital or institution, give	e street	aryla	limits, write RURA		
Johns Hopkens,	Losgelal D. STREET ADI	altem	are o	2 .	10-02
5. SEX 6. PACE 7. MARRIED, N	EVER MARRIED B. DATE OF BIR		(In years If	Under 1 Yr. nths Doys	, If Under 24 Hrs.
10A. USUAL OCCUPATION (GTA kind of work 10B, KIND OF B	DIVORCED (specify) 5/3/ USINESS OR INDUSTRY 11. DIRTHPLACE	1891 State or foreign count	5	CITIZEN O	F
done during most of working life eyen if retired) Tousing Tousing	Orlean 14 MOTHER'S	ville N.C.	noline	MAT CO	SA.
mark Evens	6. SOCIAL 17. INFORMAN	rma o	nacture	ADD	DEcc
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO. 43-03-2097			700	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	enelo			VAL BETWEEN T AND DEATH
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Probable S DUE TO	Phenineni	.)	\$ \$	
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	DUE TO				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	HASCUD				
19A. DATE OF OPERATION 19B. CONDITION FOR WE WAS PERFORMED	IICH OPERATION 20A. AUTOP	SY? (Yes or No.) 20B. I IN CE	TYES, WERE FINDI	NGS CONS	SIDERED 1?
U 21A: ACCIDENT WAS UNDERLYING 21B, P	LACE OF INJURY (e.g., in or about 270. W form, factory, street, office bldg., tNJUR	VHERE DID RY OCCUR?	(If in Boltimore City	, give exoc	t location)
21 D. TIME (Month) (Doy) (Yeot) (Hout) 21 E, II While Work		IOW DID INJURY OC	CUR?		
22. I certify that () (this hospital) aftended the thot () (we) last saw the deceased alive an	deceased from	15 19 67 2 and that in (fi	7	deoth occ	urred on the date
ond hour and from the couses stoted obove.	M.D. Attending	Med. Stoff Phys.	238,	DATE SIGN	NED /6
23C.PHISICIANS NAME (Type) Murray A. Katz	M.D. The Jol	hns Hopkir	ns Hospit	al	
Bural 1-20-67 My	Caharland	Bearle	City. to	mr, or cour	(Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR 25C SUNER	AL DIRECTOR Officeson	1000 B	an	Hey K
VS 150-REV. 1 AN 10 1301 (Care Care Care Care Care Care Care Care	/				1

John Hopkins shiplet Belleman 2 Famely Magro- 12 12 1 5 1 891 75 written approval must be obtained before the remains are embalmed or final disposition is made.

25A. DATE REC

-652 67	05
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	1
3. PLACE OF DEATH IN BAL	TIMORE

BALTIMORE CITY HEALTH DEPARTMENT

Registered	No.
Registered	1400

67	0541
	0.7 1 6

ADDRESS

M.E. CASE NO.	0041	CERTIFICA	TE OF DEATH	Registered No.	07 0.041			
1. NAME OF DECEA!	John	Law rence	1.	D HOUR OF DEATH	7 2 15 P M.			
FULL NAME OF HOSPITAL OR INSTITUTION BE	oddress or location	y Hospitals Avenue	A. STATE Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rurol, give location) 2320 E. Chase St. #21205					
Male	RACE Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Single	5-25-13	9. AGE (In years lost birthday) 53	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
done during most of wor		108, KIND OF BUSINESS OR INDUSTRY	North Caro		12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME					

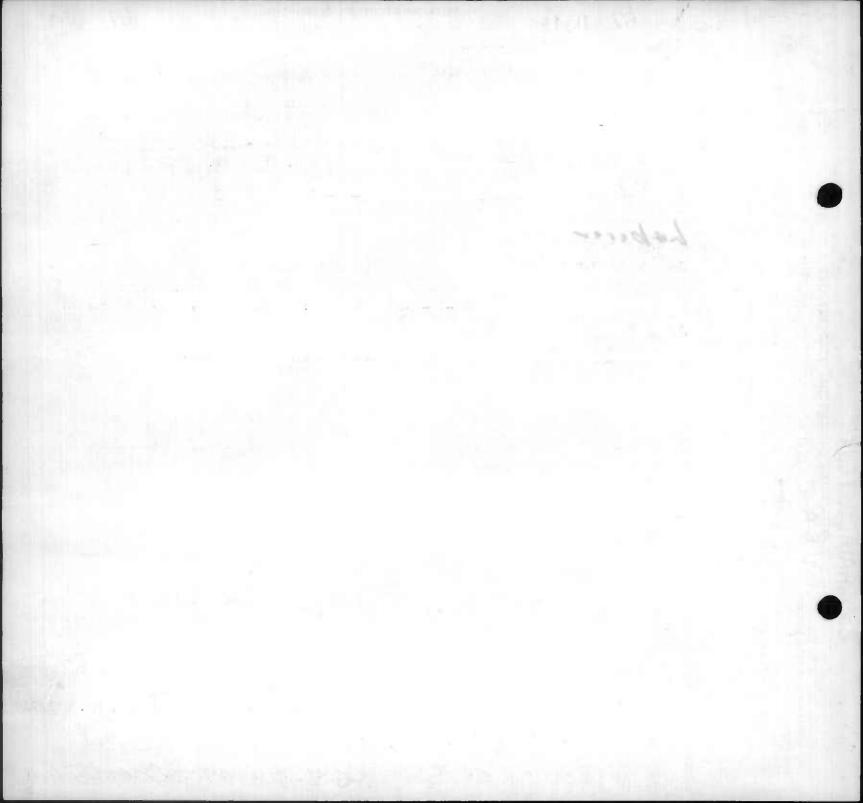
Joseph LAWARNCE

Addie Lee

15, Was Decoosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of service) 6. SOCIAL SECURITY NO. 17. INFORMANT BCH 4940 Eastern Avenue DDRESS 246-18-0360 Baltimore, Maryland #21224 RECORDS: No

	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATI		1	INTERVAL BETWEEN ONSET AND DEATH
	(This does not meen the mode of dying, heart failure, asthenia, etc. It means the dise injury ar complication which caused death.)	e.g., DUE TO	nomal of metasta	262	
	ANTECEDENT CAUSES	(B)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	DISEASES OR CONDITIONS, if ony, girise to the obave cause (A) stoting UNDERLYING CONDITION last.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		#1.1 II		
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	B. IF YES, WERE FINDS CERTIFYING CAUSES YOS	NGS CONSIDERED OF DEATH?		
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or obout home, farm, foctory, street, office bldg. etc.)		(If in Ballimore City	, give exact locotion)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While AI Not While AI Work	21F. HOW DID INJURY	OCCUR?	
	22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceased alive and hour and from the causes stated above	on 1-14 19	67 ond that i	66 to /-	deoth occurred on the date
	23A. SIGNATURE			23 B.	DATE SIGNED
	Ross Trucy	Q Attending Phys.	Med. Stof	s. D	1-14-67
	ROSS K VU	eger M.D. 494	o Eastern Ave		s / Md. #21224
	REMOVAL (Specify) 24B. DATE 24	C. NAME OF CEMETERY OF CREMATORY	1	TION (City, to	wn, or county) (Stote)
6	huine 1-18-69	mition by real and		maple	MIX

SB. NAME OF



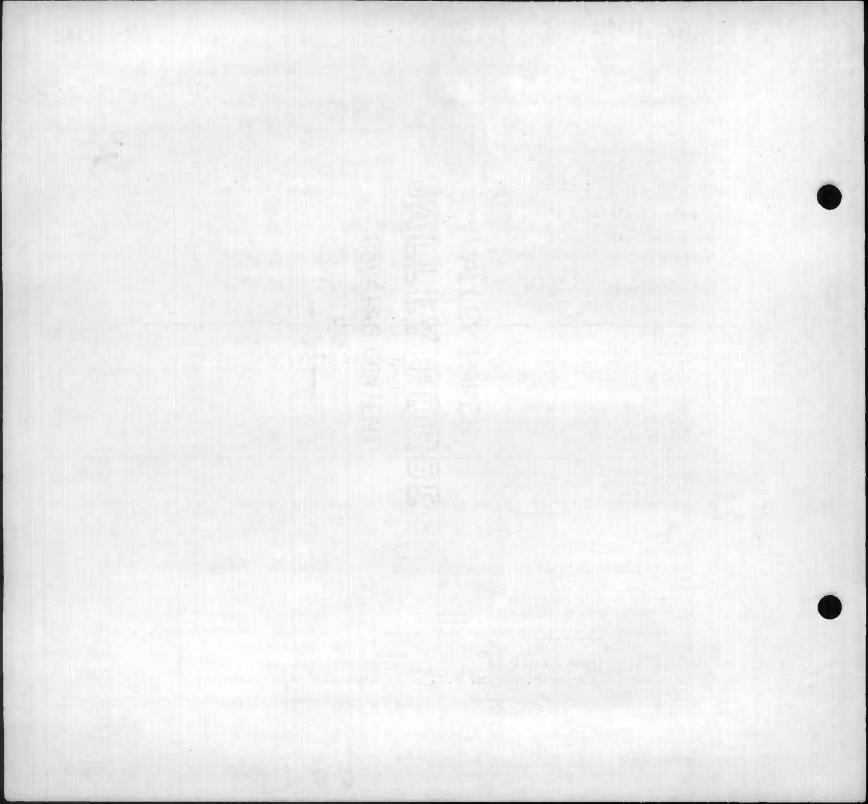
P-426

67 0542

BALTIMORE CITY HEALTH DEPARTMENT

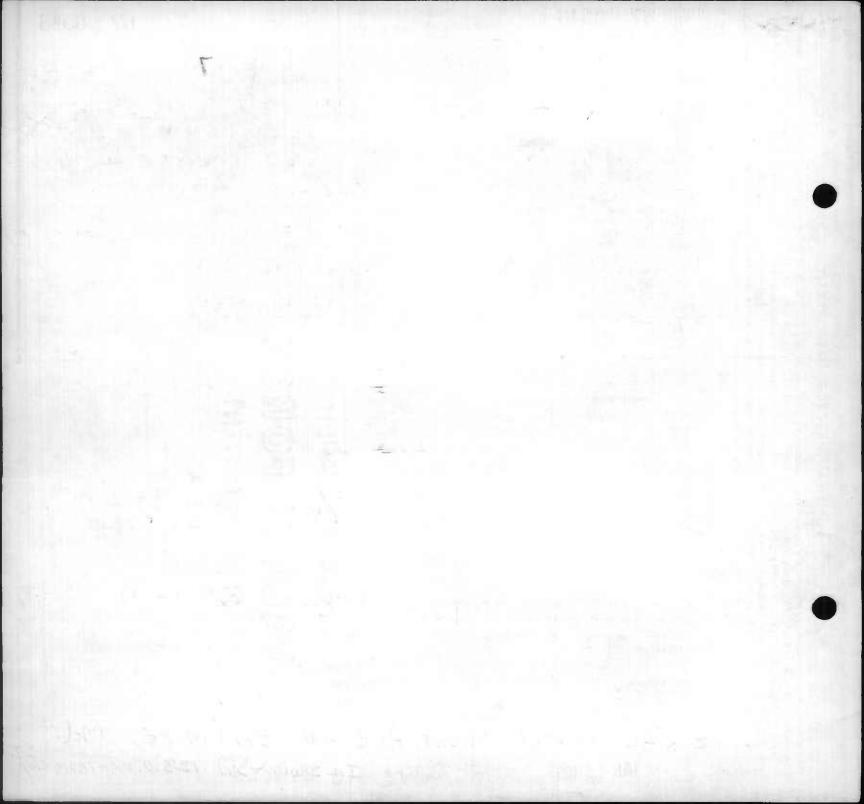
AEDICAL EXAMINED'S CERTIFICATE OF DEATH Registered 67 0542

81 R	TH NO.		WEDI	CALE	XAMINER 5 CI	KIIII	CATE OF I	JEA IH Registe	red No	CO	1000
-	E. CASE NO.										
1. (Ty	Pe or Print)	CEASED	aniel	Polc	ard		2. DATE AN	1/17/67	ED DEAD	6:08	a. M.
FU	LL NAME OF	(IF NOT II		L OR INSTIT	UNCED DEAD	A. STATE	Maryla	deceased lived. If inst B. COU nd e corporate limits, write	YTAL		
	00	1500 3	70 41	1 0 .		D. STREE	Balti T ADDRESS (II rurol,		C+		
5. 5		6. RACE		7. MARRIED	DIVORCED (Spedify)	8. DATE C		N. Bethel 9. AGE (In years lost birthday) 59	II Under	1 Yr. If Und Doys Hour	
	male USUAL OCCI during most of	UPATION (Give	kind of work	10B. KIND C	OF BUSINESS OR INDUSTRY	11. SIRTHE	PLACE (State or Toreight)	in country)	12. CITIZ	EN OF	?
	Cal	ain	Poe	lave	Ļ	14. MOTH	enkmou	/			
	WAS DECEASE s, no or unknown			of service)	16. SOCIAL SECURITY NO. 213-16-2217	men	u S. Polle	and de	and		
· NOI	(This does head loilure, injury or co	SE OR COND LEADING T. not meon the , asthenia, etc. mplicotian whice ANTECEDENT OR CONDITION LE ABOVE CAU	O DEATH mode of It means h coused d CAUSES ONS, IF AN JSE (A) ST	dying, e.g. the discose eath.)	(A) Carcino DUE TO	ma of		h metastase	28	INTERVAL (
CERTIFICATION	TO THE	NIFICANT COL DEATH BUT R CONDITION	NOT REL	ATED TO		00-70000-0		***************************************			000000770700000
	19A, DATE OF	OPERATION	198. CONE		WHICH OPERATION		UTOPSY? (Yes of No) NO	208. IF YES, WERE FI			
MEDICAL	UNDERLYING	L CAUSE WA OR CONTRIB-	•	hom etc.		in ar about ffice bldg.,	INJURY OCCUR?		ive exoct le	ocotion)	
	OF INJURY (APPROX.)	(Month) (D	oy) (Yeor)		WHILE AT NOT WORK AT W	WHILE	21F, HOW DID INJU	JRY OCCUR?			
		URE W	Chul	- 7 5 h	Accident Suicide	ASSIST		AMINER 🔀	er 🗌	DATE SI /17/67	IGNED
REI	A. BURIAL CRE MOVAL (Specif	MATION, 23E	DATE -2/-	248, NAMI	Mt Children of CEMETERY of Medical Control of REGISTRAR	Con	ORY 23D. L	Balt	, town, or	ne L	(Stote)
		JAN 18			& E. FarbeyMA	Elio	1 (Wale	selver 12	ran	they	lu
VS	151-REV. 1/1/	65			9/0	THE P	5 4			7	

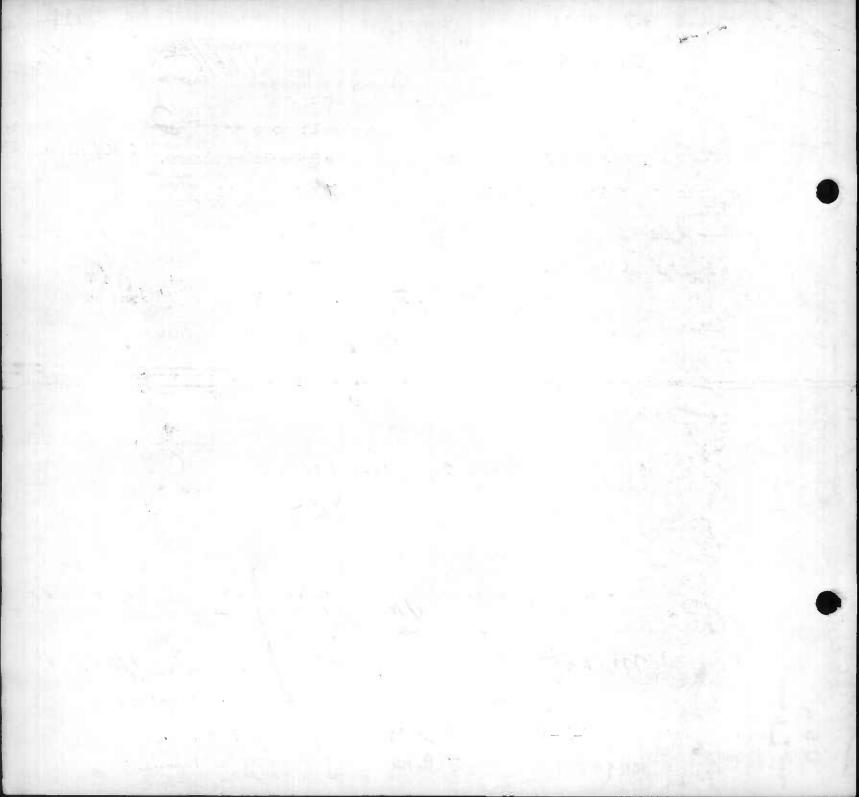


VS 150-REV. 1/1/65

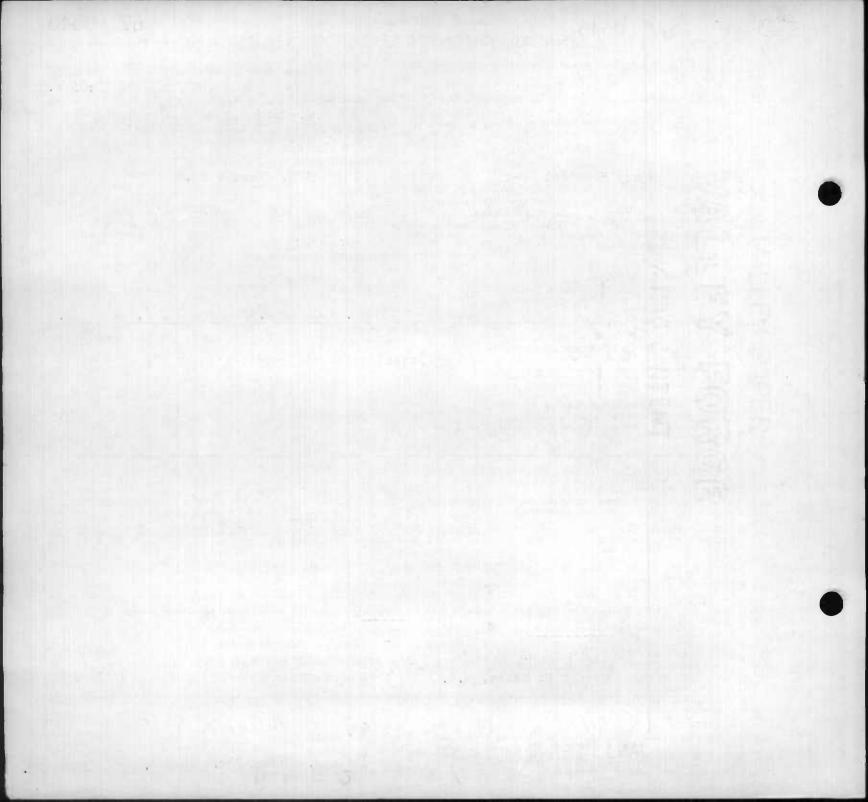
2.0)	67	0543		BALTIMOR	E CITY HEAL	TH DEPARTMENT		CH	0543
		TH NO.	MAR	TINA	CERTIF	ICATE (OF DEATH	Registered No	0/	0090
	1.N	AME OF DECEASED)_		THEW	S	2. DATE AN	D HOUR OF DEATH	10	230 4
	3. P	PLACE OF DEATH IF		, ,				e deceased lived. If inst	itution; residence	e belare admission)
2	John Marie	FULL NAME OF HOSPITAL OR NSTITUTION	(If not in hospital o address ar lacotion)	r institution, grv	ve sheet	c. ci	Y OR TOWN (II out	side city limits, write RL	JRAL and give	township) 33
e.	_	NIVERS					2350	VORFOL	ec the	\$480
made	5. S	EX 6. RA	CE.		DIVORCED (spec		- 29-28	9. AGE (In years lost birthday)	Manths Days	If Under 24 Hrs. Haurs Min.
tion is		USUAL OCCUPATION during mast of working		OR KIND OF B	BUSINESS OR IND	USTRY 11. BIR	THPLACE (State or lorei	gn country)	12. CITIZEN O	
disposition	13.	FATHERS NAME WACTE	ENZ TR	iPD		14. M	ATZRIE	Tones.	•	
final	15. Yes	Was Deceased Ever s, no or unknawn) (II ye	in U, S. Armed Farces, give war ar dates	es? of service)	SECURITY NO.		V. HOS	PITAL	ADD	RESS
ō		18. 420 · I	CONDITION DIR	CTLV	CA	USE OF DEA	тн			VAL BETWEEN
med		LEAD	ING TO DEATH		(A)	80140	VARY C	MBOCI87	1	las
DQ		heart failure, asthe	ean the made of nra, etc. It means ian which caused	the disease,	DUE .				,	1
9		ANTE	CEDENT CAUSES		(B)		cannibe 1	CARROLLA.		
ns are			ONDITIONS, if a ave cause (A) NDITION last.		(C)					
remains	ATION	TO THE DEATH	II NT CONDITIONS CO BUT NOT RELA DITION CAUSING IT	TED TO THE			- L			
e the	ERTIFIC,	19A. DATE OF OPER	ATION 198. CONE	TION FOR WE	HICH OPERATION	20/	AUTOPSY2 (Yes or No	208. IF YES, WERE FI		
betore	CAL	21A ACCIDENT W OR CONTRIBUTING DEATH (notily media	CAUSE OF	21B. P hame, etc.)	larm, factory, st	f (e.g., in ar abo treet, allice bld	g., INJURY OCCUR?	(II in Baltimare	City, give exoc	t lacation)
ained	MEDI	21 D. TIME (Mar OF INJURY (APPROX.)	nth) (Day) (Year)	While		ot While	21F. HOW DID INJ	URY OCCUR?		
opta		22. I certify that	(1) (this hospital)	attended the		Work U	1,	19 6 Z10 1 -	-12	19 67
pe			saw the deceased				,	ot in (my) (our) opin	ian death occ	urred on the date
must		23A. SIGNATULE	the couses store	ed obave. (I)	(We) (did) (did	nat) view th	e body ofter death.		23 B. DATE SIGI	NED
		23C. PHYSICIAN'S	m t)		M.I	Phys. 23 D. Al	_ Director	Stoll Phys.	-	2-6)
approval		NAME (Type)	EDWIN	HIRSCH	1	M.D.	MINESTITY	- HOFFITE	7	
	24A	REMOVAL (Specify	ON, 24B. DATE	7 24C. NAA	AE of CEMETERY	OF CREMATO	24D. LC	2	, town, or cour	(State)
Written	25A			25B. NAME OF	REGISTRAR	HU13	FUNERAL DIRECTOR	PALTIMOR	C/	DDRESS 57
3		JA	N 1 8 1967	P. Cars	2. Falle	I AM	14 BROWN	150N 123	W. Mon	TOOM ERY



	OP OF LA			HEALTH DEPARTMENT	AUSTIN.OI	15 67 0511
IRTH NO.	67 0544		CERTIFICA	TE OF DEATH	Registered No	S. Joseph
NAME OF DE		1.		2. DATE	AND HOUR OF BEAT	H 10/
	Obis Hu	19 111		The thousand arcine to	1/16/6	7 S /A
PLACE OF DE	EATH IN BALTIMORE, MA	ARYLAND		A. STATE B. CO	Where deceased lived. If DUNTY	institution: residence before admiss
FULL NAME			give street	Marylan	đ	
INSTITUTION	oddress or lacotic	on,		C. CITY OR TOWN	f outside city limits, write	e RUIAL and give township)
33				Baltimo D. STREET ADDRESS	re (If rurol, give locotion)	10 9)
Tho	Johns Hopk:	ing Ho	mital		_	2121 Wilkens Ave
SEX	6. RACE		, NEVER MARRIED	B. DATE OF PIRTH	9. AGE (In years	(-P4)
	White	WIDOWE	D, DIVORCED (specify)	7/315/43	lost birthdayl	Months Doys Hours Mir
lale		Sing		11. BIRTHPLACE (Stote or	23	12. CITIZEN OF
ne during most of	f working life, even if retired)				, , , , , , , , , , , , , , , , , , , ,	WHAT COUNTRY?
uphols.		Uphi	olstery	Virginia		
FATHER'S NA	ME		4	14. MOTHER'S MAIDEN	NAME	
	Otis, Sr	•		Irene	Brown	
. Wos Deceose	d Ever in U. S. Armed Fo	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
no		20	216 42 6057	Mrs. Sylvia.	List 319 N El	Lwood St Ave
18.	% \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		CAUSE C	OF DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION D	IRECTLY	Α.			ONSET AND DEATH
	LEADING TO DEATH	1	(A) H	emoph; lis		100000
	not mean the mode o		, , , , , , , , , , , , , , , , , , , ,			
	, oslhenio, etc. Il meon mplicotion which couse		,			
	ANTECEDENT CAUSE	S	(B)	= = + + + + + + + + + + + + + + + + + +		
DISEASES	OR CONDITIONS, if	anv. aivina				
rise to th	he above cause (A)			·•••••••••••••••••••••••••••••••••••••		
UNDERLTIN	IG CONDITION last.					
Z OTHER SICK	II	CONTRIBUTION	10			
TO THE	OFFICANT CONDITIONS	ATED TO TH	TE Serva	tepa Libis		
19A.DATE O	F OPERATION 198. CO		WHICH OPERATION	20A. AUTOPSY? (Yes or	Nol 208. IF YES. WER	E FINDINGS CONSIDERED
19A.DATE O	WAS PE	RFORMED		VEC	IN CERTIFYING	E FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDI	ENT WAS UNDERLYING	211	B. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DIE	O (If in Baltim	ore City, give exact location)
	UTING CAUSE OF 'y medicot examiner)	hor		ffice bldg., INJURY OCCUR	?	
21 D. TIME	(Month) (Doy) (Year) (Hour) 21E	. INJURY OCCURRED	21E HOW DID	INJURY OCCUR?	
OF INJURY	tivionini (Doy) (redi		hile At \ Not Whi		INJORT OCCOR:	
(APPROX.)		W				4
22. i certif	y that (17 (this hospita	ol) ottended	the deceased from	12/2/	1967 to	1/16 196
that (we) lost sow the deceos	ed olive on.	1/16	19 6 > one	that in (my) (our) o	pinion deoth occurred on the
				view the body ofter dea		- 1
23A. SIGNAT		0.00 000 00. 4	- (we) (aid) (aiddail	view life body offer ded	1116	23 B. DATE SIGNED,
	on & to		M.D. AH	ending Med.	Stoff	1/10/10
DOC BUILDING	111/1 /201		Phy	s. Director	Phy s.	1/8/8/
PHYSICI NAME				23 D. ADDRESS		2014
	Murray	y Katz	M.D.	The Johns	Hopkins Ho	ppital
A. BURIAL CR	EMATION, 248. DATE		AME of CEMETERY OF CR			City, town, or county) (Stot
Burial	4 40	57 Oa	k Lawn Cemeter	U.	Baltimore, Ma	4.
	D BY HEALTH DEPT.	25B. NAME		25C. FUNERAL DIREC	TOR	ADDRESS
	18N 4 9 4007	DO R	a To Duma	Thomas J K	enny Inc 1600	Halling St
E 150 BEV 1/1	THIS TO 1201	With Correct	C' donnai	1 1 5 0	0	TOUGH IT



BIRTH NO. 67	0545	MEDICAL EX	AMINER'S	CERTIFICATE	E OF	DEATH Registered No.	
M.E. CASE NO.	CEASED			12	DATEA	ND HOUR PRONOUNCED DEA	AD.
(Type or Print)	Jay	y Bryant			. DAIL A	1/17/67	10:35 a. M.
3. PLACE IN SAL	TIMORE, MARYL	AND, WHERE PRONOU	NCED DEAD	A. STATE	rylan	re deceosed lived. If institution: 8. COUNTY	residence before admission)
FULL NAME OF HOSPITAL OR NSTITUTION	HOSPITAL OR INSTITU OR LOCATION)	TION, GIVE STREET		(If outs	cide corporate limits, write RURA	L and give township)	
371	Mercy Hos	pital		D. STREET ADDRES		ol, give locotion) Chester St.	
male	6. RACE white	MIDOWED, I		July 3,	1909	9. AGE (In years If Unless birthday)	nder 1 Yr. If Under 24 Hrs. hs Days Hours Min.
done during most of	working life, even i CENANCE		BUSINESS OR INDUSTI	Virgin	ia	W	TIZEN OF THAT COUNTRY?
James	Bryant			14. MOTHER'S MAII	nown		
		ARMED FORCES? or or dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDI	
No			yes	Mrs. Glac	dys /	1. Bryant 212 E.	. 20th St.
DISEASES RISE TO T UNDERLY ZOLL OTHER SIG	HE ABOVE CAUSING CONDITION	NS, IF ANY, GIVING SE (A) STATING THE					
DISEASE		PAUSING IT. 9B. CONDITION FOR V VAS PERFORMED	VHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	
21 A. EXTERN UNDERLYING	AL CAUSE WAS	218. home etc.)	PLACE OF INJURY (e.g., form, foctory, street,	, in ar about 21C. WH	es IERE DID DCCUR?	(If in Baltimore City, give exact	ct location)
21 D TIME OF INJURY (APPROX.)	(Month) (Do	v	VHILE AT NOT	21F. HOV	V DID IN	JURY OCCUR?	
22. I ce	ertify that I held	d an Inquiry 🗌				this bosis, deoth in my opin	nlon
ACTU/ SIGNA	AL WE	Irves 1	1-52	Q. ASSISTANT MEI	DICAL I	The state of the s	DATE SIGNED
NAME	(Type)	ner U. Spitz		ASSOCIATE ME			1/17/67
23A, BURIAL CR REMOVAL (Spec Burial 24A, DATE REC'		/21/167 EPT. 248. NAME	Parkwood Cel of registrar	metery 246. FUNERAL	Ba. DIRECTO	eltimore, Marylo	and Address
VS 151_BEV 1/1	1/45	1 13	4 7 0	John A.	MOR	an, Inc. 3000 E.	Baltimore S



05 0540	BALTIMORE CITY	HEALTH DEPARTMENT	0	7 0540
BIRTH NO. 67 0546	CERTIFICA	TE OF DEATH	Registered No.	7 0546
M.E. CASE NO.			HOUR OF DEATH	
Type or Print) SIMON	EMMA IRENE	JAN	17 19	67 2:15P A
PLACE OF DEATH IN BALTIMORE, M		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceosed lived. If institut Y	ion: residence before odmission
HOSPITAL OR oddress or locati		C. CITY OR TOWN (If outs BALTIMORE	ide city limits, write RURA	L ond give township)
40 ST AGNES HOS	PITAL	D. STREET ADDRESS (If it is 2124 ROCKWE	urol, give tocotion)	
FEMALE 6. RACE WHITE	7. MARRIED, NEVER MARRIED WIDOMED DIVORCED (specify)		ost bishday) Mo	Under 1 Yr. If Under 24 Hrs onths Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of wo done during most of working life, even if retired HOUSEWIFE	ork TOB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	n country) 12	CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME HENRY		14. MOTHER'S MAIDEN NAM		
5. Was Deceased Ever in U. S. Armed F Yes, no or unknown) (If yes, give wor or do	orces? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
7007 970 407 01 00	219 54 2576	ST AGNES HOS	PITAL CATON	AND WILKENS
(This does not meen the mode of heart foilure, asthenia, etc. It mean injury or complication which cause ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the above cause (A UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING	contributing	mor-right	Lidney	
19A. DATE OF OPERATION 19B. CO	ONDITION FOR WHICH OPERATION ERFORMED	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Bottimore City	y, give exoct tocotion)
21D. TIME (Month) (Doy) (Yeo OF INJURY (APPROX.)	r) (Hour) 21E, INJURY OCCURED While At Not While Work At Work		JRY OCCUR?	
22. I certify that (V) (this haspit that (IX (we) last saw the decea		7 19 67 and the	9 66 to JAN of in (XX) (aur) opinian	deoth occurred an the do
23A. SIGNATURE	0.11			-17-67
PARTICIANS NAMPABLO E. DIB		23D. ADDRESS CATON AND WI	LKENS AVE.	BALTIMORE MD
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 1-20-	24c. NAME of CEMETERY of CR 67 Loudon Park Ce		cation (City, to	own, or county) (Stote)
JAN 18 1967	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS Ave.
/S 150-REV. 1/1465				

57 E-4-67 - 110m H - 170m E 4-5.

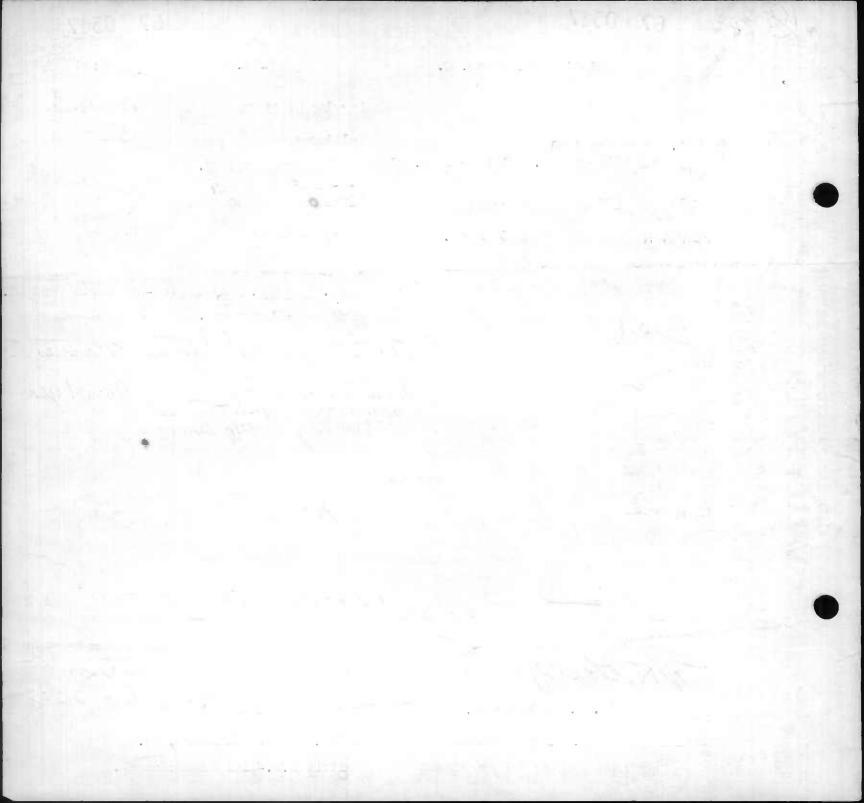
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FUNERAL DIRECTOR: IMPORTANT	6	Ľ	10	5	노	20
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	E.	7	Ξ	Ö	pe	1 0
	00	200	15:	Ö	dis	ter
	his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	0	NO	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
	무	두	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	3	de	3

	05/7	BALTIMORE CITY	HEALTH DEPARTMEN	T	OM OF IN
BI RT	н но. 67 0547	CERTIFICA	TE OF DEATH	Registered No	. 67 0547
M.E.	AME OF DECEASED			E AND HOUR OF DEAT	Н
	Whittington	Edgar, C.		1-15-67	1 5:40 A
3. P	PLACE OF DEATH IN BALTIMORE, MARYLA		4. USUAL RESIDENCE	Where deceased lived, If	institution: residence before admission
		٣	A. STATE B. C	OUNTY	n OA A
	FULL NAME OF (If not in hospital or ins	titution, give street	Maryland C. CITY OR TOWN	21229	e RURAL and give lownship)
	NSTITUTION		C. CITY OR TOWN	If outside city limits, writ	e RURAL and give lawnship)
11	Oct Amara Harritan		D. STREET ADDRESS	(If rurol, give location)	53-00
	St. Agnes Hospital	D 7.1.			
	Caton & Wilkens AVe.		11 0 1100 0		
5. \$		ARRIED, NEVER MARRIED VIDOWED, DIVORCED (specify)	8. PATE-OF 41919	9. AGE (In years last birth(167)	Months Doys Hours Min.
			2000200000	4	
	USDAL OCCUPATION (Give kind of work 10 B, e during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
		& 0 RR.	West Virgi	nia	USA
	FATHER'S NAME	G O KK.	14. MOTHER'S MAIDEN		
2.0		19 / 20 6	17 111-0011		Appare
	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of	service) 1 6. SOCIAL SECURITY NO.	Mrs. Edgar	. C. Whitting	ton-633 North Bend
			-		
	18. 420.11	CAUSE O	F DEATH WE WE	lkens Ave.	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECT	LY	+00.	1011-	ONSET AND DEATH
	LEADING TO DEATH	(A) (L)	ule Muoce	reduct Infor	elin Minutes
	(This does not mean the mode of dyin heart failure, asthenio, etc. It means the				
	DISEASES OR CONDITIONS, if any, rise In the obove couse (A) stat UNDERLYING CONDITION lost.		coronary i	nfaction of waitfficien	Ly .
NOI	OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED				
CAT	DISEASE OR CONDITION CAUSING IT.	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes	or Noll 208 IE VEC WEE	RE FINDINGS CONSIDERED
EN THE	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM		A		CAUSES OF DEATH?
E E	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	n or about 21 C. WHERE D	ID (If in Bolting	nore City, give exact location)
AL C	OR CONTRIBUTING CAUSE OF	home, larm, factory, street, a	ffice bldg., INJURY OCCU	R?	inte dily, give exact location
U	DEATH (notify medical examiner)	etc.)			
AEDI	OF INJURY (Month) (Doy) (Year) (H			NIURY OCCUR?	
\$	(APPROX)	While At Not Whi			
	22. I certify that (I) (this hospital) at	ended the deceased from	MARCH	19 66 to /	5 JAN 196
	that (1) (we) last saw the deceased at		19 66		pinion deoth occurred on the
					ipimon decin occurred on the (
	ond hour and from the causes stoted o	rbove. (I) (We) (did) (did not)	view the bady ofter de	oth.	COR DATE OF CASE
	23A. SIGNATURE	14. 0	andian oth / was -	- C+-#	23B. DATE SIGNED
1	VIK MALLES	M.D. All	onding Med. Director	Stoff Phys.	12 Vano
	23C.PHYSICIANS NAME (Type)	_ M.D.	6650 BALT	IMIRE NAT.	10/01 Pike 2/22
244	Dr. W. Gall	ager Jr. 24C. NAME of CEMETERY of CR			(City, town, or county) (State
	Burial 1-18-67	Baltimore Nati	onal tem	Baltimore	b Md
	= = = 0	NAME OF REGISTRAR	25C. FUNERAL DIRE		ADDRESS
	JAN 1 8 1967 (2)	2 of & staller Mike		D. 44101 Edmor	
		CHAN CO. L. L.	0 0 0 0	Q.	
VS	150-REV. 1/1/65				



	CM O	F40	BALTIMORE CI	TY HEALTH DEPARTMENT		67 0548
BIRTH NO.	67 0	548	CERTIFIC	ATE OF DEATH	Registered Na	07 0040
M.E. CASE NO.	CEASED			2. DATE A	ND HOUR OF DEATH	
(Type or Print)		ve M. Ly	rate W		1-17-67	1 30
3. PLACE OF D	EATH IN BALTIM		NCA			stitution: residence before odm
		- III		A. STATE B. COUR	NTY	striction, residence before duri
FULL NAME	OF (If not in	hospitol or insti	tution, give street	MARYLAUD		20-09
HOSPITAL OF	oddress o	or location)		C. CITY OR TOWN (If ou	utside city limits, write R	URAL ond give township)
1	Bon Sec	ours Hosp	oital	BALTIMORE		(
24	B.S.	H.			rural, give location)	,
07	D			4801 Cole	herme RI	#29
- SEX	6. RACE	17. AA A	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	
Envision		WI	DOWED, DIVORCED (specify)		lost birthdoy)	If Under 1 Yr. If Under 3
remne	WHIT		SINGLE	7-14-12	54 413	
	CUPATION (Give ki of working life, even i		ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
one during most c	working me, even	10111007		BALTIMORE	1110	USA.
3. FATHER'S NA	AAAE			14. MOTHER'S MAIDEN NA	PRE.	U)n.
JAMES	LYNCH			Ann Marie	pempsey	
5. Was Decease	ed Ever in U. S. A	med Forces?	1 6. SOCIAL	17. INFORMANT	T 1 7	ADDRESS
es, no or unknov	wn) (If yes, give wo	or or dotes of se	security No.	Mr. James J.		
				4801 Coleher	ne Kd.	
1B.	OXI		CAUSE	OF DEATH		INTERVAL BETWEE
DISE	ASE OR CONDIT			1 4	1 1	
	LEADING TO		(A) Re	reast involving	NOMA OF ROT	2 MONT
(This does	not mean the re, asthenio, etc. I	node of dying,	e.g., DUE TO	2	1. 0-	•
	amplication which) A	PEAST INVOLVING	DIEUTA, PERICAR	DIVY
	ANTECEDENT	Allee	(B) A	ND LUNGS,	1	
Disc.			DU E TO	***************************************	/v	
	OR CONDITION		giving			
	G CONDITION		(C)	7 A WWAR NING WWAN AAN GO IN AR REE O ON OR 600 60 1 00 000 00 00 00 00 00 00 00 00 00 00		
	- 11					<u> </u>
Z OTHER SIGH	II NIFICANT CONDI	HONS CONTRI	BUTING			
E TO THE	DEATH BUT NO	OT RELATED				
U 194 DATE C	R CONDITION CA		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	all 208 IE VEC WITTE	INDINGS CONSIDERED
E 2		VAS PERFORME		TOTAL MOTOR STITLES OF IN	IN CERTIFYING CAL	JSES OF DEATH?
ш	PAIR MALE THE	I WILLS	1010 01 4	yes	yes	
OR CONTRI	ENT WAS UNDER	OF -	home, form, foctory, street.	, in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location)
DEATH (noti	fy medical examin	er)	etc.)			
21 D. TIME	(Month) (Doy)	(Year) (Hau	21E. INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
OF INJURY			While At Not W			
(APPROX.)			Wark At Wo	rk 🗀		/
22. I certif	y that (1) (this !	nospital) atte	nded the deceased fram	Mu E	19 67 to	Jan 17 19
	e) last saw the		900	/ -7		nion death occurred an th
					idi in (aur) apir	non death occurred an th
		ses stored ab	ove. (We) (did) (did not)	eview the bady after death.		
23A. SIGN AT	PRE	1	9			23B, DATE SIGNED
	2	Dun-	TO AD. A	ttending Med.	Staff Phy s.	1-17-
23C. PHYSICI	ZMA		1	23D. ADDRESS	1 117 3. Las	, , ,
NAME	(Type)	11-	10171			1650.7
AMABL	EA.	MER	002A M.	RON SE	cours	1403 1114 T
4A. BURIAL CE	EMATION, 248.	DATE	24C. NAME of CEMETERY or C	REMATORY 24D. L	OCATION (Cit	y, town, or county) (S
REMOVAL		00 (2	27 0 11 2 2			
Buria		20-67	New Cathedral		Baltimore, M	id.
SA. DATE REC'	D BY HEALTH DE	PT. 25B. N	AME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
J	AN 18 19	of Olakon	ST & . Wanter	O Watzke FiD.	4101 Edmonds	on Ave.
S 150_PEV 1/1	/45	- 410C	7	J Godes 4 10.	THE OF DOUBLINGS	OM MAG .

MARTÍNIO

BALTIMORY

4801 Cole herme Rd #29

Swide 7-14-12 54

BALTIMERS ME. USA

JAMES LYWOR

B. S. H.

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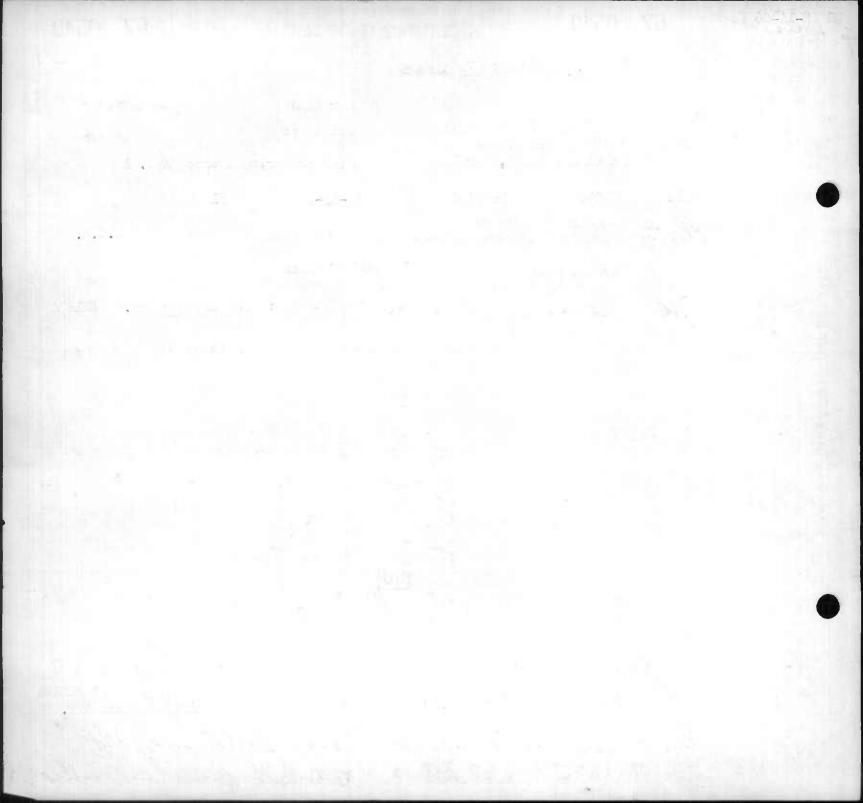
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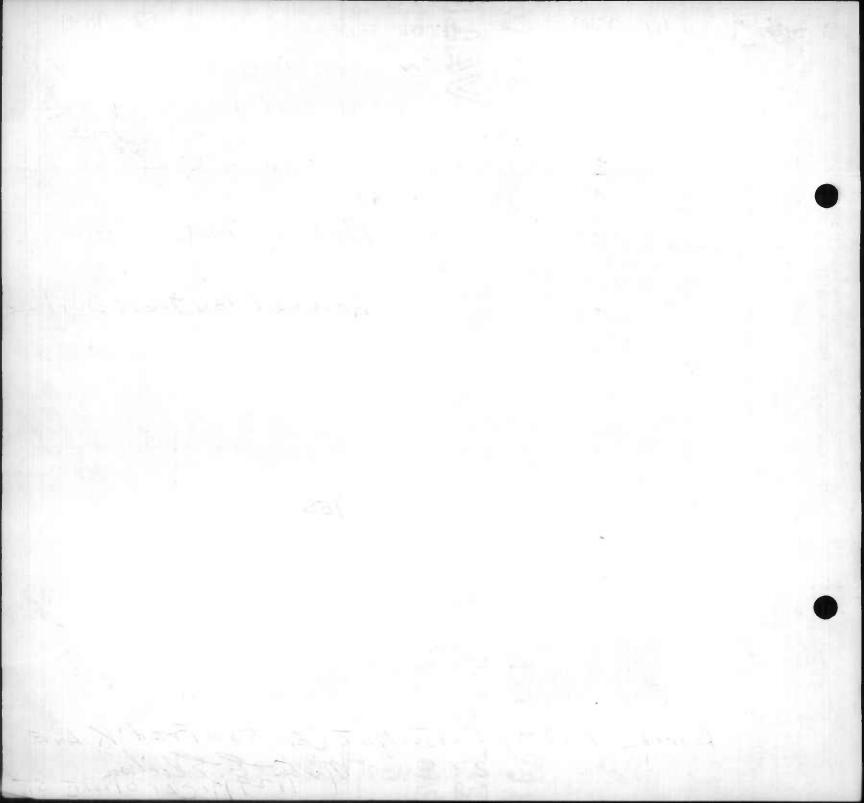
KERRICH A STENDEZA

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of Charles of a cole. . . already

	OP	05.40	BALTIMORE CIT	Y HEALTH DEPARTMENT		
-	H NO. 67	0549	CERTIFICA	ATE OF DEATH	Registered No.	67 0549
1, N. (Typ	AME OF DECEA	FEOIN MALTIMORE MA	Albert Wouls	1-	D HOUR OF DEATH	otion: residence before admission)
F	ULL NAME OF		or institution, give street	Maryland	TY Iside city limits, write RUR	5-31
11	NSTITUTION		CITY HOSPITALS	Baltimore		
	3/	4940 Easte		D. STREET ADDRESS (If	rurol, give locotion)	
	The same of the sa	Baltimore :	21224, Maryland	4913 Frederic	ck Avenue Ap	1. 1
	Male	White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	12-13-14	lost birthdoyl 5 M	Under 1 Yr. If Under 24 Hrs. Ionths Doys Hours Min.
		ATION (Give kind of wor orking life, even if retired)	Mosting of Business OR INDUSTR	Maryland	gn country)	2. CITIZEN OF WHAT COUNTRY?
3. [FATHER'S NAM	VALCO	11 congresses	14. MOTHER'S MAIDEN NAM	ME	
		Herbert Fe	27	ALMA Miller		
15. \	Nos Deceosed 1	ver in U, S, Armed Fo	rces? 16. SOCIAL	17. INFORMANT		ADDRESS
Yes	, no or unknown)	If yes, give wor or dot	es of service) SECURITY NO.		1010 Past	
	100	none	217-09-0896	RECORDS BCH: 4	1940 Lastern A	IVe. #21224
	18/ 20,	On COMPIEND DI		OF DEATH		ONSET AND DEATH
		OR CONDITION DI EADING TO DEATH	RECILY	lyocardial	in faration	1 day
		I meon the made of	dying, e.g., DUE TO	190001101101	11117761100	+
		sthenia, etc. It means lication which coused				
		NTECEDENT CAUSES				
		CONDITIONS, if				
	iise to the	abave couse (A)			w 000uu 000uu 000uu u 000uu u u u 000u uu u	**************************************
	UNDERLYING	CONDITION last.				
ATION	TO THE DE	CANT CONDITIONS (ATH BUT NOT REL ONDITION CAUSING	ATED TO THE	obhic lateral	sclerosis	8 months
CERTIFICA	19A. DATE OF	OPERATION 198. COM	NOTION FOR WHICH OPERATION	YES	20B. IF YES, WERE FINI	DINGS CONSIDERED
_	OR CONTRIBUT	WAS UNDERLYING [ING CAUSE OF medical examiner)	21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)	office bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exoct locotion)
ō	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21 E. INJURY OCCURRED While At	21F. HOW DID INJ	URY OCCUR?	
	22 1 4:6 4	Land Dialia Landa	il) ottended the deceased from		19 66 to	1-16 1967
	1		1 1			n death accurred an the dat
		ast sow the deceas			at in (my) (our) apinio	n death accurred an the dat
			ated above.(1)(We)(did)(did nat)	View the body after death.	1	
	23A. SIGNATUR	T	9) M.D. A	ttending Med.		B. DATE SIGNED
		022	Kineger Mil Pi	hys. Director	Stoff Phys.	1-16-6-1
	NAME (Ty	Ross T	T. Krileger m.	23D. ADDRESS Ba 17.	174 49405	#21224
	BURIAL CREM REMOVAL (Sp	X Jan. 19,1	967 Landon Per	of Cemelie A	Baltinione	town, or county) (Stote)
25A	DATE REC'D	AN 1 Q 4007	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	1 1/2 0/11	1 - ADDRESS
145	J	AN 18 1967	OLIGINE, ATOMORPH	O Charles /	, junell,	Mewelle of
V\$	150-REV. 1/1/65					/



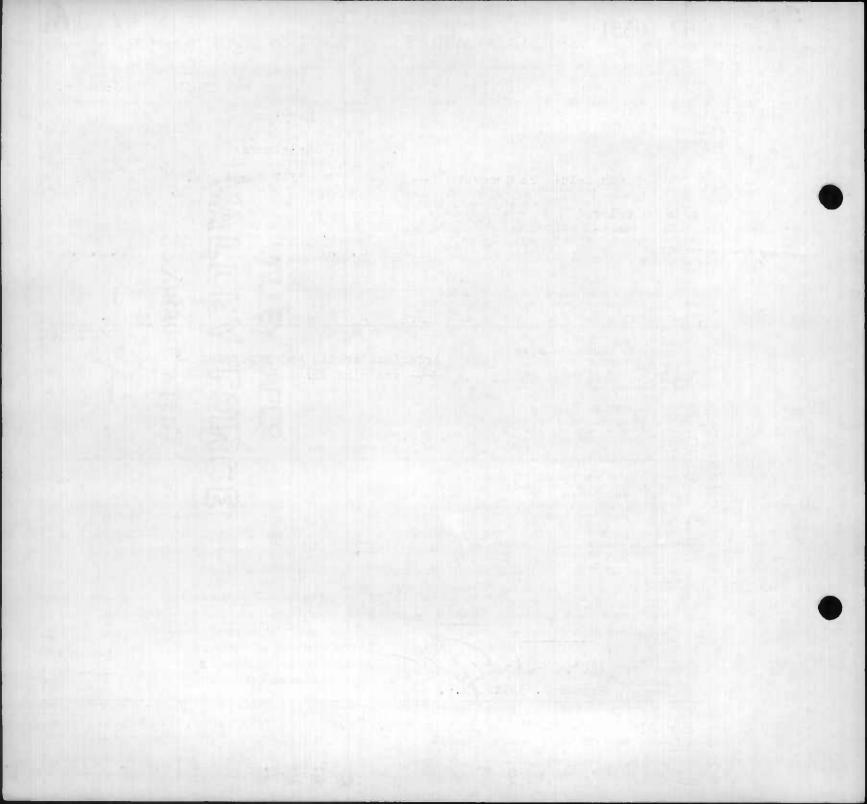


S-432 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

	CASE NO.									
	ME OF DE					2. DATE AND	HOUR PRONOUNC	ED DEAD	F./.0 -	
			Amos Shiel				1/17/67		5:48 a	M.
3. PLA	CE IN BAL	TIMORE, MARY	LAND, WHERE PRON	OUNCED DEAD	A. STATE	RESIDENCE (Where	deceosed lived. If inst B. COU	itution: resid	dence before o	dmission
HOSPI	NAME OF TAL OR UTION	(IF NOT II	N HOSPITAL OR INST	TITUTION, GIVE STREET		Maryland	1 corporate limits, write			
	/					Baltimor	e	25	>-26	-
4	. 3				D. STREET	ADDRESS (If rurol,	give location)	01		
1		South E	Baltimore Ge	eneral		2717 R	ound e.	1		
5. SEX		6. RACE		D, NEVER MARRIED	B. DATE OF	BIRTH	9. AGE (In years		1 Yr. If Unde	
,	male	colore	7	DIVORCED(specify)	2 11	07	lost birthdoy 69	Months	Doys Hours	/VIII.
			I'ld.	rried of Business or Industr	3-11-		COUNTRY)	12. CITIZ	EN OF	
		working life, ever		OT DOSITESS ON THEOSTER		TE (SIGNE OF IGIONS)	. country		T COUNTRY?	
					S.C.			I	J.S.A.	
3. FA	THER'S NA	VI E			14. MOTHER	S MAIDEN NAME				
			S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMA	ANT		ADDRESS	5	
res, n	o or unknowi	in the s, give	wor or dotes of service	218141334	Lula	Sheilds	2717 Ro	und I	P.A	
[3.0	- 17	-					2/1/20	unu 1		TIME
1B.	74	GAI		CAUS	E OF DEATH				ONSET AND	
	DISEA	SE OR COND	ITION DIRECTLY		1					
		LEADING T	O DEATH	Arterio	osclerot	ic and ny	pertensive	cardi) –	
	(This does	not meon the	mode of dying, e.	P01-10- V	ascular	disease				
	injury or co	mplication which	It means the diseas th coused death.)	•						
		ANTECEDENT		(B)						
	DISEASES	OR CONDITION	ONS, IF ANY, GIVING	DUE TO						
		NG CONDITIO								
Z				(C)			••••••			
CERTIFICATION	TO THE	DEATH BUT	NOT RELATED TO							
=		R CONDITION		A WHICH ORDANION	LOOA AUT	ORCYG (V - NI-)	DOD IF VEC WEEK EI	NDINGS	ONGERER	
8 17	A. DATE O	FOPERATION	WAS PERFORMED	R WHICH OPERATION	20A. AUI		208. IF YES, WERE FI			
						110				
OUI	NDERLYING	L CAUSE WA OR CONTRIB JSE OF DEATH	- ho	B. PLACE OF INJURY (e.g., me, form, factory, street, c.)	office bldg., IN	IC. WHERE DID (lf in Baltimore City, gi	ve exoct lo	ocotion)	
4	D TIME	(Month) (D	oy) (Year) (Hour)	21E. INJURY OCCURRED	21	F. HOW DID INJU	RY OCCUR?			
	PPROX.)		r	WHILE AT NOT AT V	WHILE					
22		rtify that I he			otopsy 🗌	and that on this	s bosis, deoth in n	ny aninto	n	1
	resu	Ited from: No	otural causes X	Accident Suicio	de 💹 Ho	micide U	ndetermined mann	er		
	1.5	1		/ /	CHIE	F MEDICAL EX	AMINER		DATE	NED
	ACTUA		I have la	9-11	ASSISTAN	T MEDICAL EX	AMINER X		DATE SIG	MED
	SIGNAT	000		- SV M.I				1	/17/67	
	NAME		rner U. Spi	tz,/M.D.	ASSUCIA	TE MEDICAL EX	AMINEK	I.	, 1, 1, 0,	
	BURIAL CRI	EMATION, 238	B. DATE	23C. NAME OF CEMETERY	or CREMATO	23 D. LC	CATION (City	, town, or	county)	Stote)
KEMO	VAL (Speci	_	1-21-67	Arbutus Mem	Pk	Ay	butus , M	laryla	and	
0.4.4	Buria						,			
24A. [DATE REC'E	BY HEALTH	DEPT. 24B, NAA	AE OF REGISTRAR	24C. FL	INERAL DIRECTOR		-	ADDRESS	
		141110	1007	80 Francis	Co	orge G	Kelson 13	4.8 N	. Calh	oun
		JAN 18	170/ (1/14)	A Same Land Contract to American	100	4.54	1101011 1)	40 11		- 0.44



	67 0552			HEALTH DEPARTMENT		67	0552
BIRTH NO.			CERTIFICA	TE OF DEATH	Registered No.		
	F DECEASED	o D T	02000		HOUR OF DEATH		
	OF DEATH IN BALTIMORE MA	e D. I	Jollax	1-16.	- •	stitution: residen	A helgre admission
J. TEACE (DEATH IN BALLINIONS INT	KILAND		A. STATE B. COUNT	Υ	sillondii. lesiden	ce beidie domission
FULL NA		ar institution,	give street	Maryland c. city or town (If outs	ide city limits, write b	NIIBAI	
INSTITUT				Baltimore	ide city limits, wille	OKAL and give	- Nownship?
20 1	513 Wincheste	r Stre	et.		ral, give lacation)	10	06
, ,	, , ,	1 -010		1513 Winches	ster Stree	et	
. S EX	6. RACE		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH 9	, AGE (In years ast birthday)	If Under 1 Ye	. If Under 24 Hrs
M	Negroid		rried	5-1-01	65		
	OCCUPATION (Give kind of war mast af warking lite, even if retired)	k 108, KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n cauntry)	12. CITIZEN C	OUNTRY?
une during	masi di waiking me, even il remeo;			Virginia		U.S.A	•
3. FATHER	SNAME			14. MOTHER'S MAIDEN NAM	E		
. Was De	ceased Ever in U. S. Armed Fa nknawn)(If yes, give war ar dat	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADI	PRESS
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		229054659	Hattie Lomaz	1513 T	Vinahoa	ter Stre
18.	112011		CAUSE O		1515 1	INTER	EVAL BETWEEN
- 7	DISEASE OR CONDITION DI	RECTLY	0	6	/ ~	ONSI	T AND DEATH
	LEADING TO DEATH		(A) Co	rond my Ocal	eldelvi	1 180	ecti
DISEA	ar camplication which coused ANTECEDENT CAUSES SES OR CONDITIONS, if In the obave couse (A) RLYING CONDITION lost.	any, giving		firtennia (a)	die Vascular.	hine. 1	il le mour
TO T	SIGNIFICANT CONDITIONS OF THE DEATH BUT NOT RELEVANT OF CAUSING ATE OF OPERATION 198. CONWAS PER	ATED TO TH		20 A. AUTOPSY? (Yes ar No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CON USES OF DEAT	ISIDERED H?
OR CO	CCIDENT WAS UNDERLYING CAUSE OF (natify medical examiner)		ne, farm, factory, street, al	ar about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimare	City, give exc	ct location)
OF IN		(Haur) 218	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
€ (APPRO		W	nile At Not While At Work				
22, 1	ertify that (1) (this hospito	l) ottended t	the deceased from	1-17- 1	96/ 10 10	16-	19 6/
) (we) last saw the deceas			10	t in (my) (our) api		
	our and from the couses sta			/			
	GNATURE"	/	1			23B. DATE SIG	SNED
rec	chard H.	the	Phy	s. Director	Staff Phys.	1/18	167
23C. PH	YSICIAN'S AME (Type)	11		23D. ADDRESS		1.	
16	ichard H.	HULL	T. M.D.	1607W: MA	ulberry	46	
	CREMATION, 24B. DATE	24C. N	AME of CEMETERY of CRI	MATORY 24D. LO	CATION (C	ty, tawn, ar cau	inty) (State)
	ial 1-20-	67 Mt	. Auburn Cer	netery Ba	altimore,	Maryla	nd
	REC'D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTOR			DDRESS

Calhoun St.

N.

Kelson 1348

George G.

Helper and Considerant has a large mechanical Hiterat Touth Horals 's 160710 Mallery 25

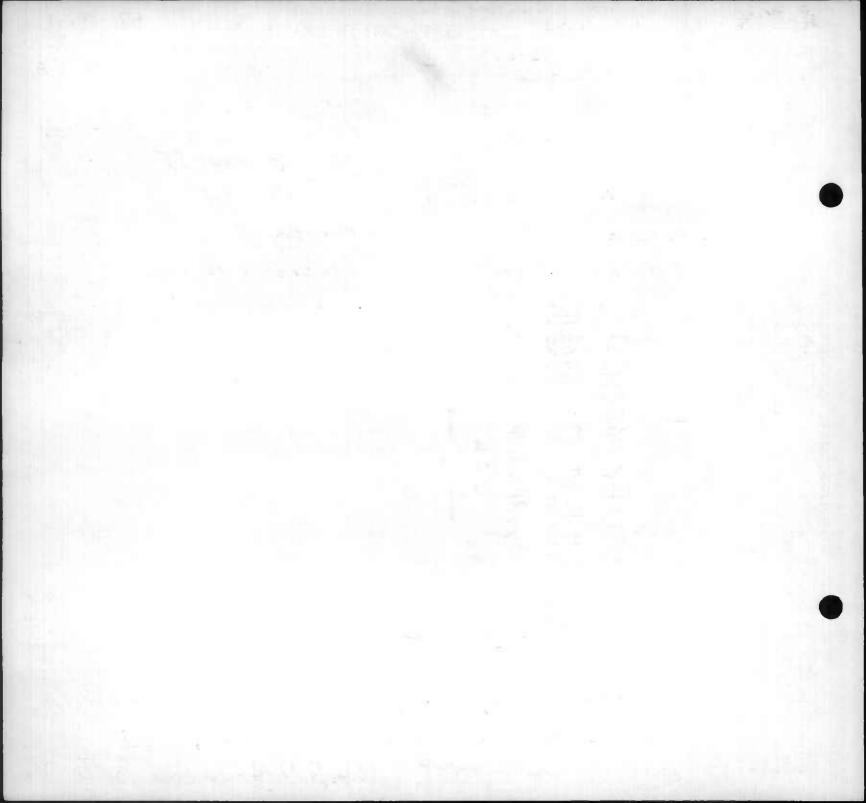
	67 0553		BALTIMORE CITY	HEALTH DEPARTMENT		OM OFFI
BIRTH NO.	07 0000		CERTIFICA	TE OF DEATH	Registered Na.	6/ 0553
NAME OF DE	CEASED			2. DATE	AND HOUR OF DEATH	
Type or Print)	Pitts. Ma	rv E.			-16-67	9:10P.
PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (W	here deceased lived, If i	nstitution: residence before admission
				A. STATE B. CO	UNTY	
FULL NAME HOSPITAL OR		or institution,	give street	Maryland		
INSTITUTION				1		RURAL and give township)
7			ital, Inc.	Baltimore D. STREET ADDRESS	(If rural, give location)	14-00
- 0			Street			
SEX	6. RACE Balti	more M	Aryland 21217 NEVER MARRIED	8. DATE OF BIRTH	nt Street	1 1 1 1 1 V V V 1 1 0 4 1
Female	Negro	WIDOWED	OWOCED (specify)	5/1/87	lost birthdoy) 7.9	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
DA, USUAL OCC	CUPATION (Give kind of work	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF
	f working life, even if retired)			Manual 2		WHAT COUNTRY?
Houses				Maryland		U.S.A.
	oseph Carr			14. MOTHER'S MAIDEN N	AME	
U (pachii oari.					
5. Was Decease	d Ever in U. S. Armed Form	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
COPING OF CHIKING W	yes, give wor or dote	a di selvice!	SECURITY NO.	Honner D:	++c 221 F	Township Assessed
18. 7			213-14-805 CAUSE O		005 2347	Lauretta Avenue
0	615		CAUSE O	FULAIN	,	ONSET AND DEATH
DISEA	ASE OR CONDITION DIR LEADING TO DEATH	ECTLY	A	100 to	- ~	
(This does	not mean the mode of	dvina. e.a	DUE TO	n achurin	n 4	***************************************
heort failure	, asthenio, etc. II means	the diseose,	501.10	Malnutrili Deh ydratio	w	
injury or co	mplication which coused	deoth.)				
	ANTECEDENT CAUSES		(8) DUE TO	***************************************		
	OR CONDITIONS, if					
	he obave cause (A) IG CONDITION lost,	stating the	(C)	***************************************		
	- 11					
OTHER SIGN	II NIFICANT CONDITIONS C	ONTRIBUTING	G			
TO THE I	DEATH BUT NOT RELA	TED TO TH	E			
19A. DATE O	F OPERATION 198. CON	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B, IF YES, WERE	FINDINGS CONSIDERED
19A. DATE O	WAS PER	ORMED			IN CERTIFYING CA	USES OF DEATH?
21 A. ACCIDI	ENT WAS UNDERLYING		PLACE OF INJURY (e.a., in	o or obout 21C. WHERE DID	(If in Boltimor	e City, give exact location)
OR CONTRIB	SUTING CAUSE OF fy medical examiner)	hom etc.)	e, form, foctory, street, of	fice bldg., INJURY OCCUR?		V. 2
21 D. TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?	
(APPROX)		Whi	ile At Not White			
22. I certify	y that (1) (this haspital) attended ti	he deceased from	116-67		-16-67 19
) last sow the decease					
	7					nian deoth occurred an the d
		ed above, (I) (We) (did) (did nat) v	iew the body after deoth	١,	
23A. SIGNAT	A . [1]	100.	1	4	e. <i>11</i>	23B. DATE SIGNED
	/ W	rug	M.D. Atte	mding Med. Director	Stoff Phys.	1-16-67
23C. PHYSICI	AN'S Type	V		23D. ADDRESS		
NAME	Dr. Khali	g	M.D.	1514 Divi	sion Street	
4A. BURIAL CR	EMATION, 24B. DATE		AME of CEMETERY OF CRE			its dame as a series of the se
REMOVAL	(Specify)	/	THE OF GENTLETERS OF CRE	240.	LOCATION (C	ity, town, or county) (State)
Burial			At. Auburn (Cemetery	Baltimore	Maryland
SA. DATE REC'I	D BY HEALTH DEPT.	25B. NAME C	F REGISTRAR	25C. FUNERAL DIRECTO	OR	ADDRESS
	JAN 1 8 1067	12 O Ar	E Faller MA	Gerorate Ke	1.5bn 1348 1	N. Calhoun Stre
150-REV. 1/1	/65	لتوثيانا		A	1,740 1	

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FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

			BALTIMORE CIT	Y HEALTH DEPARTMENT		OF OFF
		554	CERTIFICA	TE OF DEATH	Registered Na.	67 0554
1. N (Tyl	E. CASE NO. NAME OF DECEASED (pe or Print) PLACE OF DEATH IN BALTIMO	Clara +	HEL !	JAK		961 H 95 itution: residence before admiss
1 1	HOSPITAL OR oddress of INSTITUTION	hospital or institution, or location)		C. CITY OR TOWN (16 out: BAIT, mo	side city limits, write RU	JRAL and give township
-	34	ours Ho.	301111	D. STREET ADDRESS (If r	Pay 1 ST	
5. \$	SEX 6. RACE	WIDOWI	D, NEVER MARRIED ED, DIVORCED (specify)	B. DATE OF BIRTH FED 11, 1892	ost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Mi
don	ne during most of working life, even i Never worked		OF BUSINESS OR INDUSTR	MARY LAND)	12. CITIZEN OF WHAT COUNTRY?
	EDWARD	HEARN	19 4	FANNE		e
(Ye	Was Deceased Ever in U. S. A es,no or unknown) (If yes, give wo	mmed Forces? or or dotes of service)	SECURITY NO.	Mr. Carl Edward	Kronitz same	address
	heal foiluse, asthenia, etc. I injuly of camplication which ANTECEDENT	coused deoth.)	(B)	rteriosclerate exculous des Myocardisf	Jusuff,	cience
NOI	DISEASES OR CONDITION ise to the obove cou- UNDERLYING CONDITION OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NO	se (A) stating the lost.	(C)			/
TIFICATION	UNDERLYING CONDITION OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NO DISEASE OR CONDITION CA	se (A) stating the lost. TIONS CONTRIBUTING TRELATED TO T	G (C)	9		NDINGS CONSIDERED
AL CERTIFIC	OR CONTRIBUTING CAUSE DEATH (notify medical examination)	se (A) stating the lost. TIONS CONTRIBUTING TRELATED TO TOUSING IT. 9B. CONDITION FOR VAS PERFORMED 21 OF 22	NG HE WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, foctory, street,	<i>y</i>	208. IF YES, WERE FILLIN CERTIFYING CAU	NDINGS CONSIDERED
ERTIFIC	UNDERLYING CONDITION OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CA 19A. DATE OF OPERATION 1 21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE DEATH (notify medical examination)	se (A) stating the lost. TIONS CONTRIBUTING TRELATED TO TOUSING IT. 9B. CONDITION FOR VAS PERFORMED LETING 121 OF 601 (Year) (Hour) 21	NG HE WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, foctory, street,	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	20B. IF YES, WERE FII IN CERTIFYING CAU: (If in Boltimore	NDINGS CONSIDERED SES OF DEATH? City, give exact location)
CAL CERTIFIC	IIISE Ia The above cousunDERLYING CONDITION OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NO DISEASE OR CONDITION CA 19A. DATE OF OPERATION TO CONTRIBUTING CAUSE DEATH (notify medical examination of INJURY (APPROX.) 21. Certify that (this is that (i) (we) last saw the and haur and fram the cause	se (A) stating the lost. TIONS CONTRIBUTING TO TOUSING IT. 9B. CONDITION FOR VAS PERFORMED (Year) (Hour) 21 W whas pital) attended deceased alive an	WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, foctory, street, c.) E. INJURY OCCURRED hitle At Work the deceased fram	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	20B. IF YES, WERE FIIIN CERTIFYING CAU: (If in Boltimore URY OCCUR?	NDINGS CONSIDERED SES OF DEATH? City, give exact location)
CAL CERTIFIC	IIISE Ia The above cousunDERLYING CONDITION OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NO DISEASE OR CONDITION CA 19A. DATE OF OPERATION TO CONTRIBUTING CAUSE DEATH (notify medical examination of INJURY (APPROX.) 21. Certify that (this is that (i) (we) last saw the contribution of Injury (APPROX.)	se (A) stating the lost. TIONS CONTRIBUTING TO TOUSING IT. 9B. CONDITION FOR VAS PERFORMED (Year) (Hour) 21 W whas pital) attended deceased alive an	WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, foctory, street, c.) E. INJURY OCCURRED hitle At Not Whoth At Work the deceased fram	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	20B. IF YES, WERE FIIIN CERTIFYING CAU: (If in Boltimore URY OCCUR?	NDINGS CONSIDERED SES OF DEATH? City, give exact locotion)
MEDICAL CERTIFIC	IISE IO THE OBOVE COULUNDERLYING CONDITION OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CA 19A. DATE OF OPERATION TO THE DEATH (Notify medical examination) CAUSE DEATH (notify medical examination) (APPROX.) 21. I certify that (hotel) (this is that (hotel) (we) last saw the and haur and fram the cause 23A. SIGNATURE A. BURIAL CREMATION, 24B. I REMOVAL (Specify)	se (A) stating the last. TIONS CONTRIBUTING TRELATED TO TOUSING IT. 9B. CONDITION FOR VAS PERFORMED SLYING (Year) (Hour) 21 Whas pital) attended deceased alive an assess stated above.	WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, foctory, street, c.) E. INJURY OCCURRED hitle At Not Whoth At Work the deceased fram	in or about 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	20B. IF YES, WERE FILL IN CERTIFYING CAU: (If in Boltimore JRY OCCUR? 9 6 7 ta	NDINGS CONSIDERED SES OF DEATH? City, give exact locotion) 19 6 Ian death accurred an the 23B. DATE SIGNED 1/18/67 HOSPITA , town, or county) (Sto



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CD OFFE	BALTIMORE CITY HEAL	TH DEPARTMENT		CD OFFE
MRTH NO. M.E. CASE NO.	CERTIFICATE	OF DEATH	Registered Na	67 0555
NAME OF DECEASED YPE OF PRINT NAME OF DECEASED	REANEY	4	15-67	11:05 A
PLACE OF DEATH IN BALTIMORE MARYLAND FULL NAME OF HOSPITAL OR oddress or locotion) NSTITUTION	ve street C. CI	ARYLAND	TY	RURAL ond give township)
THE UNION MEMORIAL	HOSP D. ST		rurol, give location) RAL	
WIDOWED,			9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Min
DA. USUAL OCCUPATION (Give kind of work 108, KIND OF Bone during most of working life, even if retired)	SUSINESS OR INDUSTRY 11, BII	MARYLAND	gn country)	12. CITIZEN OF WHAT COUNTRY?
STATHERS NAME REANTLY		OTHERS MAIDEN NAT		
fes, no or unknown) (If yes, give wor or dotes of service)	. 300	ROSEMONZ	DELCHER AUG	R 3727 WILKIN BALT - MID
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	O Brouch	opheumou		INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	Due to Bil	dteral.	ebal.	1-15-67
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last.	DUE TO DIN	eurysur	*	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
194. DATE OF OPERATION 198. CONDITION FOR WE	HICH OPERATION 20 EBRAL ANEURYST	A. AUTOPSY? (Yes or No	10 20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218.P	LACE OF INJURY (e.g., in or ob form, foctory, street, office ble	g., INJURY OCCUR?	No (If in Boltimor	e City, give exact tocetion)
	NJURY OCCURRED Not While	21F, HOW DID INJ	URY OCCUR?	a salitatii
22. I certify that (*) (this hospital) attended the that (*) (we) lost sow the deceased alive on	#5		19 66 ta /	inion death accurred an the
and hour and from the causes stated above. (1) 23A. SIGNATURE Left Farker	() (did) (did not) view to M.D. Attending Phys.		Stoff Phys.	23B. DATE SIGNED 7
23C. PHYSTERIAL SOLER PARKER		THE UNION	Memoria	L Hosp.
24A. BUPAL CREMATION, 24B. DATE 24C.NAM	ME of CEMETERY of CREMATO	RY 24D. L	OCATION (C	ity, town, or county) (Sto

himmer , House to home - 1- 15 to hingamar Barrense Tree liver Misseson Hear Phary went ALCOS. himmy been fenancy Marchan Strang Survey Committee and 1) Drawdoppe umercia Severa Reterr Balattanel (3) Replaced Cerebral Commence Surveyor The ciones Albertana - There's

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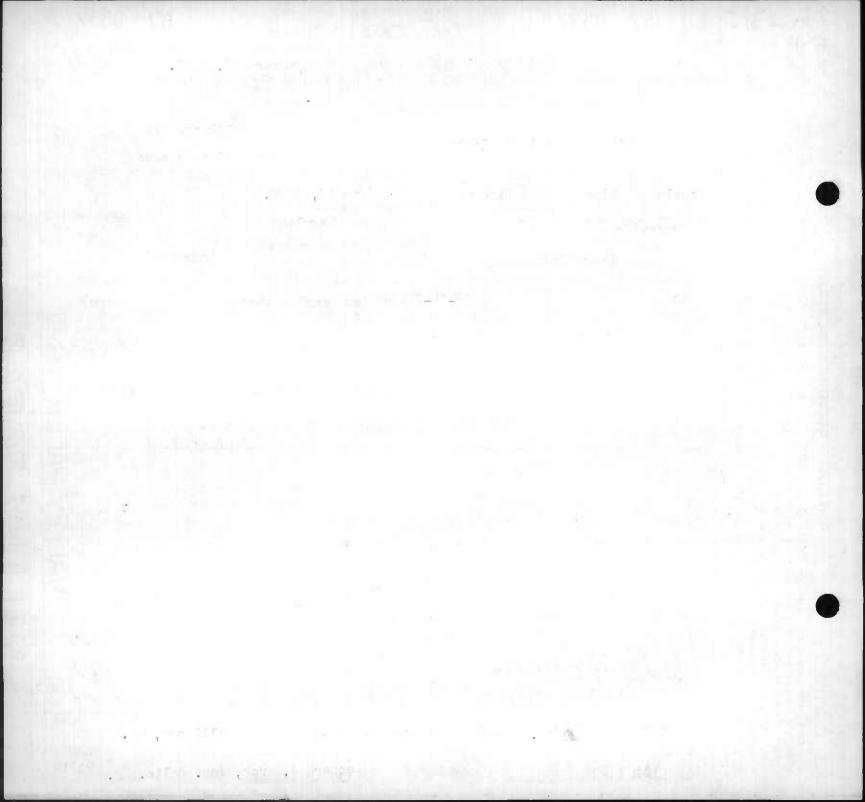
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hospital

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BIRTH NO. 67 0557		TE OF DEATH Registered No.	67 0557
M.E. CASE NO. 1, NAME OF DECEASED (Type or Print) ANNA XXX		7E OF DEATH Registered No. 2. Date and Hour of Death January 18, 1967.	140 AM
3. PLACE OF DEATH IN BALTIMORE, MARYLAI		4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY	nstitution: residence before admission)
FULL NAME OF (II not in hospitol or ins HOSPITAL OR oddress or locotion) INSTITUTION	titution, give street	C. CITY OR TOWN (If outside city limits, write Baltimore	
44 Union Memorial	Hospital	D. STREET ADDRESS (If rurol, give location) 4804 Holder Av	
	MARRIED, NEVER MARRIED (Indicated	B. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) 87	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. done during most of working life, even if retired) Housewife	KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME Henry Gado		14. MOTHER'S MAIDEN NAME Lena S	Sohl
15, Wos Deceased Ever in U. S. Armed Forces? (Yes, no grunknown) (If yes, give wor or dates of	service) 16. SOCIAL SECURITY NO. 2.15-54-2840J	Miss Pearl Austen	(Same)
DISEASE OR CONDITION DIRECTI LEADING TO DEATH (This does not mean the mode of dyin heal foilure, asthenia, etc. It means the injury or complication which caused deal ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) state UNDERLYING CONDITION lost.	(a) COV DUE TO	teriosclerosis nucedage + Piabetes Mellitus	Many Years
WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	TO THE		FINDINGS CONSIDERED USES OF DEATH? e City, give exact locotion)
21D. TIME (Month) (Doy) (Year) (Had OF INJURY (APPROX.) 22. I certify that (1) (this haspital) att that (1) we) lost saw the deceased all and haur and fram the causes stated a	while AI Not While Not Work ended the deceosed from the Not While	8-23-/958 19 to // 7 19 ond that in (my) (our) opi	11
23A. SIGNATURE) - //(J	ale M.D. Alle	ending Med. Stoff	1/18/67 13alto, Md. 2120
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 1/21/67.	Gardens of Faith		ity, town, or county) (Stole)
JAN 18 1967 OLD	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR Legonard J. Ruck, Inc. Ba	ADDRESS
VS 150-REV. 1/1/65			



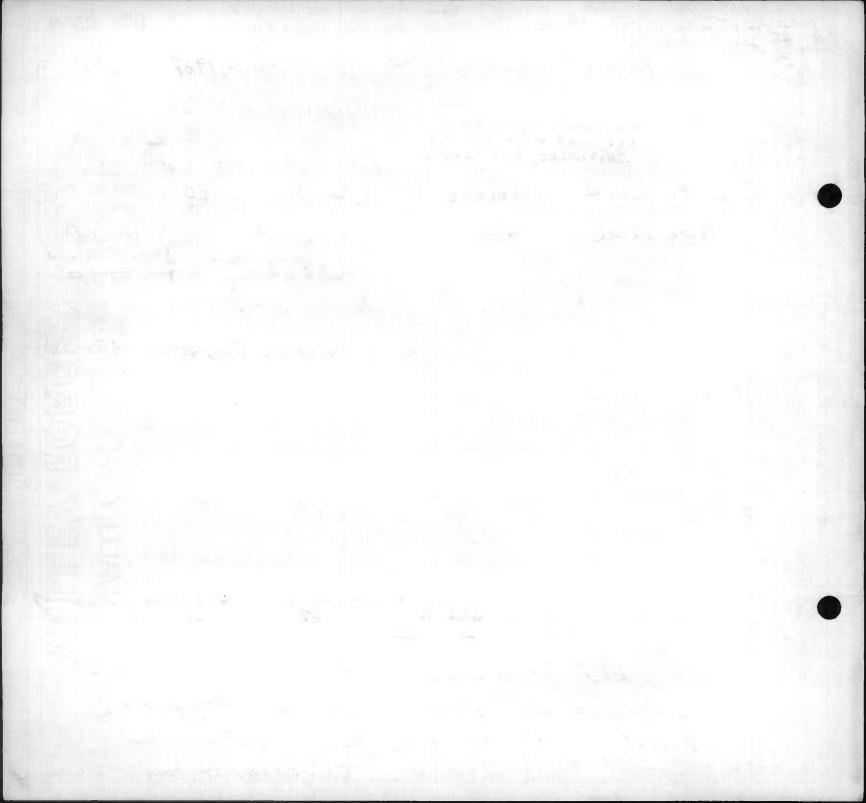
	BALTIMORE CITY	Y HEALTH DEPARTMENT		67 0558
BIRTH NO. 67 0558	CERTIFICA	TE OF DEATH	Registered No.	0. 0000
M.E. CASE NO. 1. NAME OF DECEASED			HOUR OF DEATH	,
(Type or Print)	DT			7 6:00
PLACE OF DEATH IN BALTIMORE, MARYLAND	V .	4. USUAL RESIDENCE (Where	deceased lived. 11 in	stitution: residence before o
		A, STATE B. COUNT	//	
FULL NAME OF (If not in haspital or institution, HOSPITAL OR oddress or location)	give street	C. CITY OR TOWN (If outs	ide city limits, write	RURAL and give township)
INSTITUTION		ESSEX	any militer wille	53-00
90			rol, give location)	0000
HOUSE OF PIMES B	BELAIR RD	719 BAVEL	RNSCHMI	DT DR
S, SEX 6. RACE 7. MARRIED	D, NEVER MARRIED	8. DATE OF BIRTH 9	AGE (In years	If Under 1 Yr. If Under
WIDOWE	ED, DIVORCED (specify)		ost birthday)	Months Days Hours
OA, USUAL OCCUPATION (Give kind of work 10B, KIND C	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE State or foreig	n country)	12. CITIZEN OF
one during most of working life, even if retired)				WHAT COUNTRY?
SALESMAN		GERMANY 14. MOTHER'S MAIDEN NAM		USA.
3. FATHER'S NAME		14. MOINERS MAIDEN NAM	3	
HENRY BRODT		KATHERIN.	E	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of service)	1 6, SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
UNK	216-32-9907	HENRY RRONT	710 RE	NERNSEHAL
120		HENRY BROOT	117 00	INTERVAL BETW
DISEASE OR CONDITION DIRECTLY		10	200	ONSET AND D
LEADING TO DEATH	11 /16	cute Rend Fe	Elm	2 dans
(This does not meon the mode of dying, e.g.	., DUE 10			7
heart failure, asthenia, etc. It means the disease injury or complication which caused death.)	γ			2, ,
ANTECEDENT CAUSES	(B) A	proteum		June
DISEASES OR CONDITIONS, if ony, giving	g DUE TO			2 days 3 weeks
rise to the above cause (A) stating the		yourshiel Inn	fficiency	Jum
UNDERLYING CONDITION lost.		V	0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIL	NG			
E TO THE DEATH BUT NOT RELATED TO T	THE			
DISEASE OR CONDITION CAUSING IT.	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED		no	IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21	B. PLACE OF INJURY (e.g.,	in or obaut 21 C. WHERE DID	(If in Boltimor	e City, give exact location)
DEATH (natify medical examiner) et	ome, form, factary, street, c ic.)	affice bldg., INJURY OCCUR?		
U	E INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
S OF INJURY	Vhile At Not Whi			
	Vork At Work	2/2/	,	11.1
22. 1 certify that (1) (this hospital) attended	the deceased from		9 65 to	11/6/19
that (1) (we) last saw the deceased alive an		15762 and the	t in (my) (aux) api	inian death accurred an
and haur and from the causes stated above.	(I) (We) (dtd) (did not)			
				23B, DATE SIGNED
23A. SICH ATURE				250, 27119
	M.D. Att	tending Med.	Stoff	1/11/19
Albut B Bradle	M.D. Att		Stoff Phys.	1/16/67
		23D. ADDRESS	Stoff Phys.	1/10/67
23 C. PHYSICIAN'S NAME (Type)	M.D.	23D. ADDRESS		1/16/67
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)		23D. ADDRESS		ity, town, or county)
23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	M.D.	23D. ADDRESS	CATION (C	1/16/67
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL L. 1/8/67 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	M.D. NAME OF CEMETERY OF CR O AL LAWN O OF REGISTRAR	23D. ADDRESS	CATION (C	1/16/67
23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL L 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	M.D.	23D. ADDRESS REMATORY 24D, LC 25C. FUNERAL DIRECTOR	CATION (C	1/16/67

Acoute Roud Facher - 2 days Hyperina Myrendid Sunffriend Some 1/18/2/20/ 65 62/21/1 Albert B Brusling

FUNERAL DIRECTOR: IMPORTANT

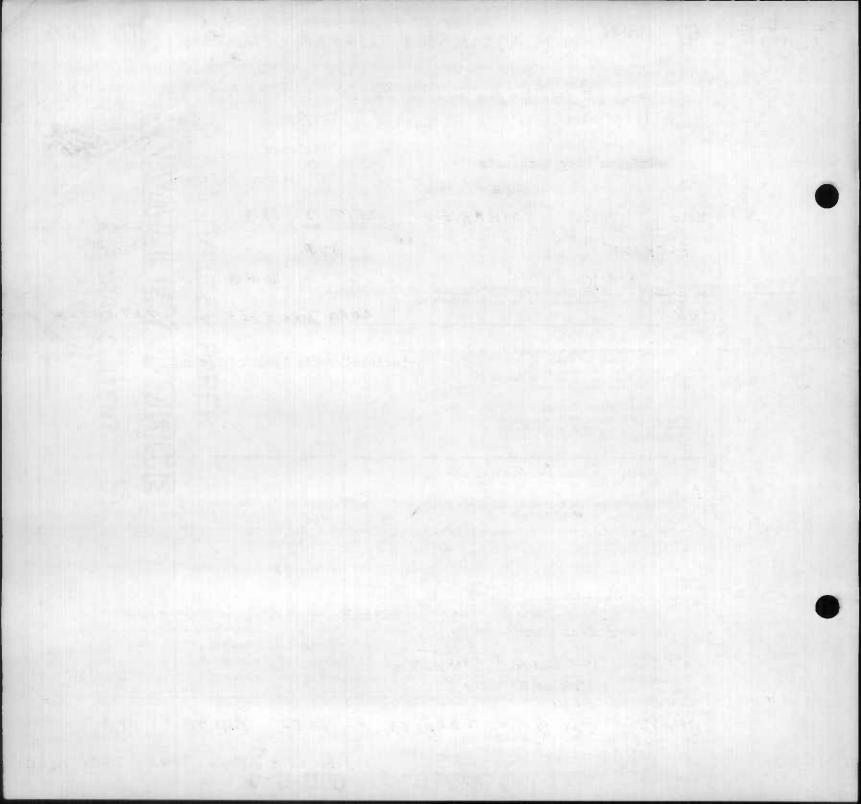
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

		Other	760	BALTIMORE	CITY H	EALTH DEPARTMENT	1	019	
	TH NO.	67	0559	CERTIFI	CAT	E OF DEATH	Registered Na.	67	1559
1,1	E. CASE NO.	EASED	F.			2. DATE ANI	D HOUR OF DEATH		
	pe or Print)	ARTHUR		LLIAMS			1.14,1967		6:12 P.M.
3.	PLACE OF DEA	TH IN BALTIA	AORE, MARYLA	ND		L USUAL RESIDENCE (Where A. STATE B. COUNT	e deceased lived. If in	stitution: resi	dence before admission)
	FULL NAME O	F (If not in	n hospitot or in or location) ,	stitution, give street		MANGE	ANLI) side city limits, write		DULLA LA
	INSTITUTION	UNIVER	SITY H	OSPITAL				RURAL ond	give township)
	38	REDW	3 000	GREEN STS.	E	D. STREET ADDRESS (III	rurol, give locotion)		
		BALT	IMORE,	MD. 21201		10 Kerr	MA CI	4 NU 4	2
5.	S EX	6. RACE		MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specific MARRIED)	у) В.		9. AGE (In years lost birthdoy)	If Under 1 Months: D	Yr. , If Under 24 Hrs. Hours Min.
	. USUAL OCCU			KIND OF BUSINESS OR INDI	JSTRY 11	. BIRTHPLACE (Stole or foreig	gn country)	12. CITIZE	N OF COUNTRY?
And a	A	RIVER	i il reilleu)	The same of the sa		Pewn		u	52
13.	FATHERS NAM	A E			14	. MOTHER'S MAIDEN NAM	AE ,	Tohn	150
	(Dover	TAK		- M. M. (
15. (Ye	Wos Deceosed	Ever in U. S.	Amed Forces?	service) 16. SOCIAL SECURITY NO.	17	INFORMANT	1	A	DDRESS
				3.55		DEROTHY WILL	-IAMS	A	BOUF
	18. 42	0,11	1	CAU	SE OF				TERVAL BETWEEN
	DISEAS	LEADING TO	ITION DIRECT	LY	0 150	Malagara	THEADAT		45 minutes
		at mean the	mode of dyi	ng, e.g., DUE TO	0016	MYOCARDIAL	INFARCII	10/4	
			It means the ch caused dea						
		ANTECEDENT	CAUSES	(B)		000000000000000000000000000000000000000			********************************
			ONS, if any,	giving					
		abave ca CONDITION	use (A) sta V last.	ing the (C)					
L		П							
NO.		EATH BUT I	NOT RELATED	RIBUTING TO THE					
CATI	DISEASE OR	CONDITION C	AUSING IT.	ON FOR WHICH OPERATION		20A. AUTOPSY? (Yes of No)	208, IF YES WEDE	FINDINGS	ONSIDERED
CERTIFIC	0	- samilyii	WAS PERFORA			NO	IN CERTIFYING CA	USES OF DE	ATH?
CAL CE	OR CONTRIBLE	NT WAS UND	SE OF	21B. PLACE OF INJURY (home, form, foctory, streets.)	(e.g., in o	or obout 21C. WHERE DID be bldg., INJURY OCCUR?	(If in Boltimon	e City, give	exact location)
EDIC	21 D. TIME OF INJURY	(Month) (Do	y) (Yeor) (H	our 21E, INJURY OCCURRED)	21 F. HOW DID INJU	URY OCCUR?		
8	(APPROX.)				While [
	22. I certify	that (I) (this	hospital) at	tended the deceased fram	4:35	M. JAN-16 1	9 60 106-12	PM.	JAN 6 19 67
	that (I) (we)	last saw the	deceased a	ive on JAN 16					accurred an the date
ŀ	1			abave. (I) (We) (did) (d id.	⇒+) vie				
ı	23A. SIGNATU	RE		0	35.72			23B. DATE	SIGNED
L	Sa	ANIA	3	Salon M.D.	Attend Phys.	Med. Director	Stoff Phys.	1-16	5-67
	23C. PHYSICIA NAME (T	N'S ype	0		231	O. ADDRESS	11		
L	SA	N.On.	5 A	SALAN	M.D.	LUMIN	H05B	1719	1
24	A. BURTAL CREA	MATION, 248.	DATE	24C. NAME of CEMETERY	OF CREM	ATORY 24D. LC	CATION OF C	ily, lown, or	county) (Stote)
	Busi		119/67	Oak Jawa		Cem B	alto	mol.	
25	A. DATE REC'D	JAN 18	1967 (1)	NAME OF REGISTRAR	era ~	25C. FUNERAL DIRECTOR			ADDRESS
Ve	150-REV. 1/1/6	45	1201 06	Maria C Markey	TORK .	D. G. Sol	WELLY SO	ins	300 mare
A 2	100-NL V . 1/ 1/ 0								

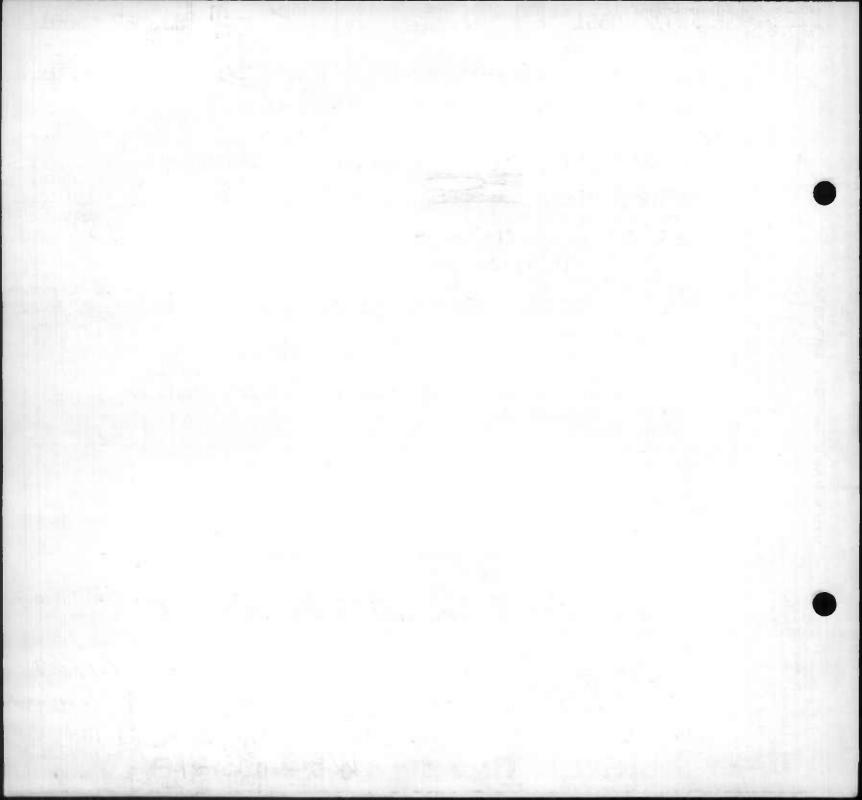


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2.0	0	.)	0	U

1	67 0560 AEDICAL EXAMINEDIS O		7 0560
M-510	BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.	0000
	M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD	
	GRANGER MENEFE	January 15, 1967	3:45 A M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceosed lived. If institution: res B. COUNTY Maryland	idence before admission)
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL Baltimore	ond give township)
	Baltimore City Hospitals	D. STREET ADDRESS (If rurol, give locotion) 727 Eastern Boulevard	
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED(specify)	8. DATE OF BIRTH 9. AGE (In years lif Und Months	or 1 Yr. If Under 24 Hrs. Doys Hours Min.
	Male White MARRIED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRE done during most of working life, even if retired)	, WH	ZEN OF AT COUNTRY?
	FLORIST 13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME	SA
	LAME	VNK	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRES	is .
	LANK.	EORA MENEFEE 72	PEASTERN BLE
		E OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	riosclerotic Hear t Disease.	
	(This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.)		
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING OUE TO		
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
	(C)		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D	
	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (If in Boltimore City, give exact office bldg., INJURY OCCUR?	location)
	21D TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	m, WORK AT V	WORK U	
	resulted from: Notural couses X Accident Suici	otopsy and thot on this bosis, deoth in my opinion de Homicide Undetermined monner	an
	ACTUAL O	CHIEF MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE have the stay M. I	ASSISTANT MEDICAL EXAMINER X ASSOCIATE MEDICAL EXAMINER	1/15/67
	PAME (Type) Charles S. Petty 23A. BURIAL CREMATION, 23B. DATE		county) (State)
	REMOVAL (Specify)		1 D
		24C. FUNERAL DIRECTOR	ADDRESS
	JAN 18 1967 Reub E. Jarbuna	J.G. COMNELLY SOWS	300 MACE
	VS 151-REV. 1/1/65	0 0 5 5 9	./



BALTIMORE CITY HEALTH DEPARTMENT
SIRTH NO. 67 0561 CERTIFICATE OF DEATH Registered No. 67 0561
TI, NAME OF DECEASED (Type or Print) - A CT. S DIF D
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed fived, II institution: residence before dumission) A. STATE 8. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) (If not in hospital or institution, give street oddress or location) (If not in hospital or institution, give street oddress or location) (If not in hospital or institution, give street oddress or location) (If not in hospital or institution, give street oddress or location) (If not in hospital or institution, give street oddress or location) (If not in hospital or institution, give street oddress or location)
D. STREET ADDRESS (If rurol, give location)
5. SEX 6. RACE 7. HANNED 8. DATE OF SIRTH 9. AGE (In years lost birthday) Will Hours Min. DIVORCED pecify) 9 -1/- 20
#OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY WHAT COUNTRY
13. FATHERS NAME 14. MOTHERS MAIDEN NAME 14. MOTHERS MAIDEN NAME
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 215-09-2704 Fuels of Library Rollings
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO CAUSE OF DEATH (A) Acute Myocarofial DUE TO
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES (B) Asthmatic Enoughiese
DISEASES OR CONDITIONS, if any, giving tise to the above couse (A) stoting the UNDERLYING CONDITION lost.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Brown Causing IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Brown Causing IT. 19A. Date of Operation 198. Condition for which operation was performed 198. Condition for which operation 199. Condition for which 199. Condition for which 199. Condition for which 199. Condition for which 19
OR CONTRIBUTING CAUSE OF home, lorm, foctory, street, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Yeor) (Haur) 21E. INJURY OCCURRED OF INJURY (APPROX.) While AI Nat While At Work 21F. HOW DID INJURY OCCUR?
22. I certify that (I) (this hospital) attended the deceased from Jan 17 19 67 to Jan 16 19 67, that (I) (we) last sow the deceased alive on Jan 16 19 67 and that in (my) (aur) opinion death occurred on the date
ond hour and from the couses stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Director Phys.
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS 24D. LOCATION (City, town, or county) (State)
BURIAL 1-20-67 MARVIN Chapel PREDERICK Co. Md.



must be

certificate the body was was D.O.A.

(1) An accident

shaws:

NIW

and af death Such

on the

100		Y HEALTH DEPAR	RTMENT	67 0500
ME CASE NO. 67 056	CERTIFICA	TE OF DE	ATH Registered No	67 0562
I. NAME OF DECEASED			2. DATE AND HOUR OF DEATH	н
(Type or Print) HOL	MES, Gladys Louise		1/16/67	7/30 P. A
3. PLACE OF DEATH IN BALTIMORE,	MARYLAND pitol or institution, give street	4. USUAL RESIDA. STATE MARYLAN	B. COUNTY	institution: residence before admission
HOSPITAL OR oddress or lo		BALTIMO		e RURAL ond give township)
2 4940 EAST	ERN AVENUE	D. STREET ADD		7 0 20
BALTIMORE	MARYLAND 21224	1708 CH		1218
5. SEX 6. RACE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	6/9/ 9 6	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired RET IRED House		MARYL		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME		14. MOTHER'S N	AAIDEN NAME	
LOR	ENZO PAINE	CATHERI	NE KOCH	
15. Was Deceased Ever in U. S. Arme (Yes, no or unknown) (If yes, give wor or	d Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	212-22-2018	RECORDS:	BCH,4940 Eastern	Ave., Balto.Md. 2122
DISEASE OF CONDITION LEADING TO DE	DIRECTLY	DF DEATH (Ls	rivation	INTERVAL BETWEEN ONSET AND DEATH
(This does not meen the mod- heart failure, asthenia, etc. It m injury or complication which co ANTECEDENT CAL	eons the diseose, used deoth.)	rute ant	thritis	10 yrs.
DISEASES OR CONDITIONS, rise to the obove couse UNDERLYING CONDITION loss	if ony, giving (A) sloting the (C)	ASCVD)	0
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSI	RELATED TO THE			
U 19A. DATE OF OPERATION 19B.	CONDITION FOR WHICH OPERATION PERFORMED	20 A. AUTOPS	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? Bore City, give exact location)

Yes (If in Boltimore City, give exact location)

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner etc.)

21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?

21 D. TIME (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY While At (APPROX)

Not While

21 F. HOW DID INJURY OCCUR?

22. I certify that (+) (this haspital) attended the deceased

At Work

that (1) (we) last saw the deceased alive and that in (my) (our) apinian death accurred an the date

and haur and from the causes stated abave. (1) (\(\frac{\pmains}{2}\) (did) (\(\frac{\did}{2}\) view the bady after death. 23A. SIGNATURE

Work

23C. PHYSICIAN'S NAME (Type)

1/20/67

Attending Phys. 23D. ADDRESS

238. DATE SGNED

(City.

DATE

24C. NAME of CEMETERY OF CREMATORY

24D. LOCATION

24A. BURIAL CREMATION, REMOVAL (Specify)

Baltimore City, Md.

Loudon Park Cemetery Bal

258. NAME OF REGISTRAR 256. FUNERAL DIRECTOR

GokeBrooks Inc. 1217 St. Paul St.

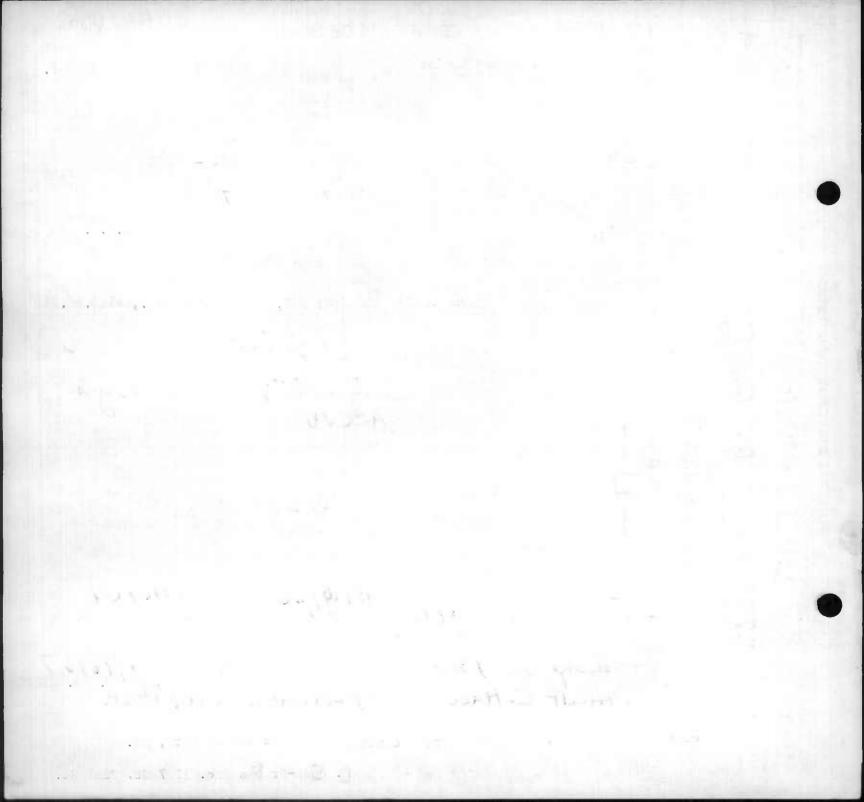
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VS 150-REV. 1/1/65

Burial

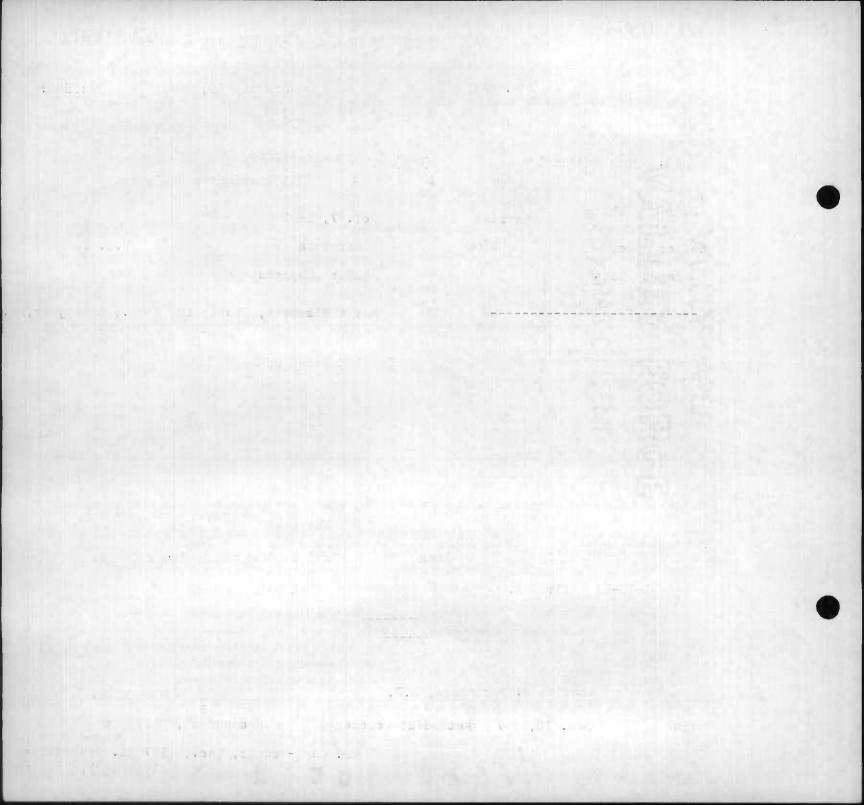
MEDICAL

written approval must



BALTIMORE CITY HEALTH DEPARTMENT

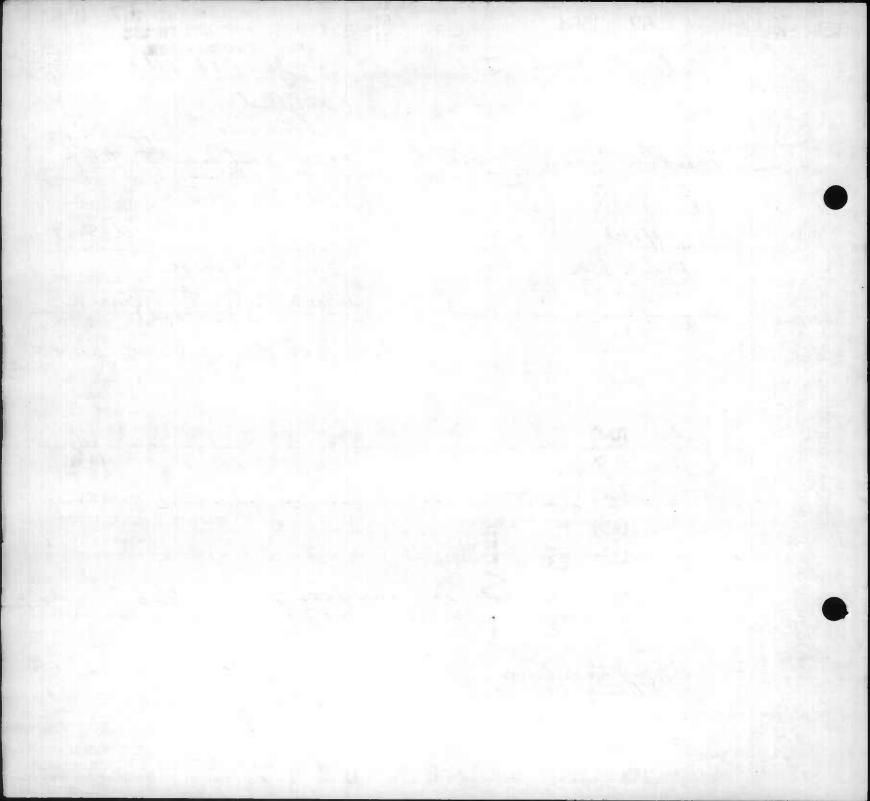
BIRTH NO.	ME	DICAL EX	AMINER'S C	ERTIFICAT	TE OF I	DEATH Registe	ered No. UDb3
M.E. CASE NO.	FASED				2 DATE AN	D HOUR PRONOUNC	CED DEAD
(Type or Print)		ARRY F. BA	AIN			ary 15, 196	
3. PLACE IN BALT	MORE, MARYLAND,			4. USUAL RESID		deceased lived. If ins	titution: residence before admission
				A. STATE	aryland	B. COI	UNTY
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LO	PITAL OR INSTITU DCATION)	TION, GIVE STREET	C. CITY OR TO	WN (If outsid	9	e RURAL and give (ownship)
St. A	gnes Hospi	ta1	(DOA)	D. STREET ADD	altimor RESS (If rurol,	e give location)) //
99					2311 Wa	shington Bo	ulevard
5. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRT	Н	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
Male	White	Marrie	ed	Oct. 7,		64	17,000
	orking life, even if retire		BUSINESS OR INDUSTR	Virgin:		gn country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAM				14. MOTHER'S M	AIDEN NAM	E	
James	Bain			LaRue	Coppers	tone	
	EVER IN U.S. ARA		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
NO	(If yes, give war or o		???	Marie Els	sworth,	Washington	Blvd., Balti j ore
1B.	26 Y	2	CAUS	E OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASES (RISE TO THE UNDERLYIN OTHER SIGN TO THE	NTECEDENT CAL DR CONDITIONS, I E ABOVE CAUSE (A G CONDITION LA II HIFICANT CONDITIO DEATH BUT NOT CONDITION CAUS	F ANY, GIVING) STATING THE ST. NS CONTRIBUTING RELATED TO T			,		
19A. DATE OF	OPERATION 198.	ONDITION FOR V	WHICH OPERATION	20A. AUTOPSY	? (Yes or No)		INDINGS CONSIDERED
0 7	WAS	PERFORMED		Yes	3	IN CERTIFYING CAU	ISES OF DEATH?
O UNDERLYING	CAUSE WAS	218.	PLACE OF INJURY (e.g., form, foctory, street,				rive exact location)
UTING CAU	SE OF DEATH.	etc.)	home				vard, Second floor
Z 21 D TIME	(Month) (Doy) (Yeor) (Hour) 2	E. INJURY OCCURRED			URY OCCUR?	, , , , , , , , , , , , , , , , , , ,
OF INJURY (APPROX.) 1	-15-67 11	L:40 A	VHILE AT NOT	WHILE X SI	not sel	f in head	
22.	ify that I held on			T371	d that on th	is basis, death In	my opinian
result	ed from: Notural	couses A	ccident Suicio	France	de 🗌	Undetermined monn	ner 🗌
	MA	00		CHIEF M	EDICAL EX	CAMINER _	
ACTUAL		ule de	Last "	ASSISTANT M			DATE SIGNED
SIGNATI			M.L	ASSOCIATE N			
NAME (Type) Charl		ringate, M.D.			Ja	anuary 16, 1967
23A, BURIAL CREATER REMOVAL (Specify		230	C. NAME OF CEMETERY	or CREMATORY			y, town, or county) (Stote)
Burial	Jan.	18,1967	Methodist (Cemetery	S	henandoah,	Virginia
24A. DATE REC'D			OF REGISTRAR	24C. FUNER	AL DIRECTOR	1 - T- 1	ADDRESS
J	AN 18 1967	Volent	E, Jankey MA	wm. Co	ok-Broc		217 St. Paul Stre
		. 0	4 7 0 0	A A C	1 0	В	saltimore 2, Maryl



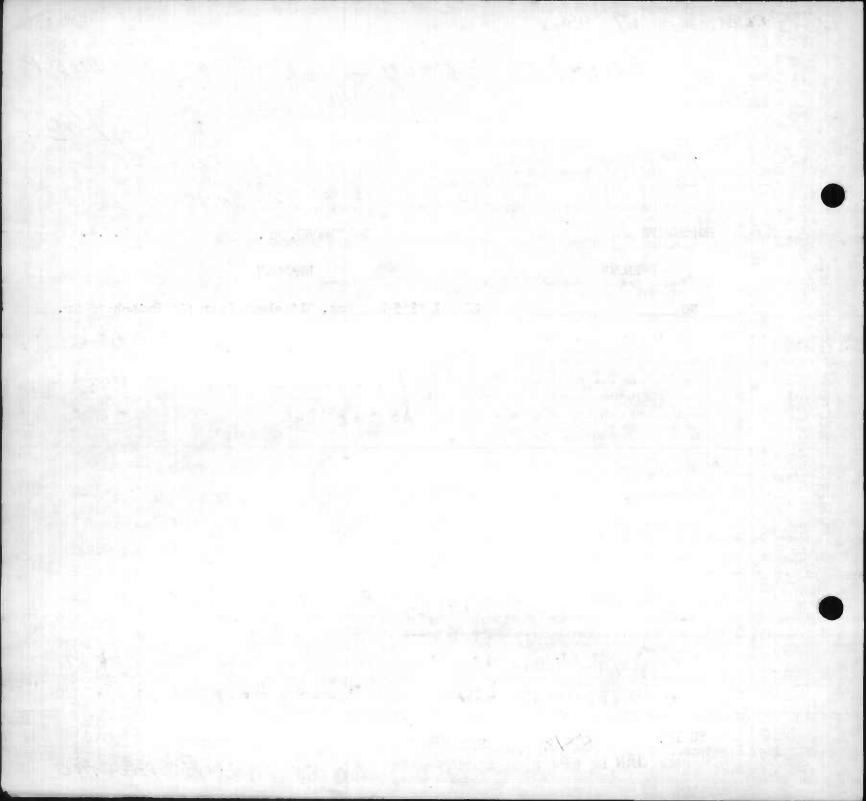
FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

0504	BALTIMORE CIT	THEALTH DEPARTMENT BA	LTIMORE ST	P67 0564
BIRTH NO. 67 0564	CERTIFICA	JE OF DEATH	Registered NapR	232
M.E. CASE NO.			HOUR OF, DEATH GN	0
Tues on Print		71	3///2/	12 150
3. PLACE OF DEATH IN BALTIMORE, MARYANI		4. USUAL RESIDENCE (Where of	- 10 / 16	tion residence before addissipal
S. PEACE OF DEATH IN BALLIMORE, MARKEN		A. STATE B. COUNTY	receosed lived. If Illishio	ingit, residence before ognission
FULL NAME OF (If not in hospital or instit	lutian, give street	Marila		
HOSPITAL OR address or tacotion)		C. CITY OR TOWN (If outside	e city limits, write RURA	AL and give townships
INSTITUTION		Baltimo	20	2/2.44
36		1000	al, give location)	Francisco III
Franklin Square 1	torpital	3924 Bal	Etranore Si	1 #27
	ARRIED NEVER MARRIED DOWED, DIVORCED (specify)	8. DATE OF BIRTH 9.	AGE (In years If Mo	Under 1 Yr. Under 24 Hrs.
FW		13/19/8	48	
OA, USUAL OCCUPATION (Give kind of work 10B. KI	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country) 12	C. CITIZEN OF WHAT COUNTRY?
lone during most al warking life, even if retired)			3 7	WHAT COUNTRY
HIW !				U(>./9.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Frank Leo		Maria	Tanena	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	Twin	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of se	SECURITY NO.		n +	ADDRESS
		John W Ca	Vilen,	1 Same
1B. / 5	CAUSE	OF DEATH	Husband	INTERVAL BETWEEN
01/				ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	The same of the sa	T 0 =3	0	
LEADING TO DEATH	(A)	erminal Co	cot live	er about 5
(This does not mean the mode of dying, heart foilure, asthenia, etc. It means the di			X	2~~
injury or complication which caused death,			U	
ANTECEDENT CAUSES	DUE TO	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
DISEASES OR CONDITIONS, if any,				
rise to the above couse (A) stating	g the (C)			
UNDERLYING CONDITION lost.				
O THE SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TO THE			
		20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIND	HINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	D	120	N CERTIFYING CAUSES	S OF DEATH?
U 21 A. A CCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	is at about 21C WHERE DID	(If in Rollimore Ci	ty, give exact location)
OP CONTRIBITING CALLSE OF	home, form, foctory, street,	office bldg., INJURY OCCUR?	ur in politimore Cit	ny, give exact location
DEATH (natify medical examiner)	etc.)			
D 21 D. TIME (Month) (Doy) (Year) (Hou	1) 21E INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
21 D. TIME (Month) (Doy) (Yeor) (Hou	While At Not Wh		1 0000 K.	
(APPROX)	Wark At Work			
00 1 1/1 1/1 1/1 1/1 1/1		11. 11017 30		/ 10/5
22. I certify that (1) (this hospital) atte	nded the deceased from	/ / / - /	to	<u>6</u> 195
that (I) (we) last saw the deceased aliv	e an \$10 - 1 5	19 6 2 ond that	In(my) (aur) apiniar	n death occurred an the dat
and how and from the record of the	(I) (W-) (4:4) (4:4 A)	standard Ladinardard		
and hour and fram the causes stated ab	ave. (I) (we) (ala) (ala har)	view the bady after death.		
23A. SIGNATURE				B. DATE SIGNED
Oh and Kill		ys. Med. Sto	off ys.	0. 1/67
23 C. PHTSICIAN'S	<i>m</i>	23D. ADDRESS	75.	fan 16
NAME (Type		7		-2-0/
V	M.D.	Franklan S	Quano Hu	zpilal'
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY or CI	REMATORY 24D. LOC	ATION (City, 1	own, or county) (Stote)
REMOVAL (Specify)				/
Burial 1/20/67	New Cathedral	pair	imore, Mar	yrand
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	S RIO T. D. W.		eral Home	237 Patapsco
JAN 1 8 1967 W.	E. TOE KOOLEENING	0 0 5 6 3		Ave.
VS 150-REV. 1/1/65				



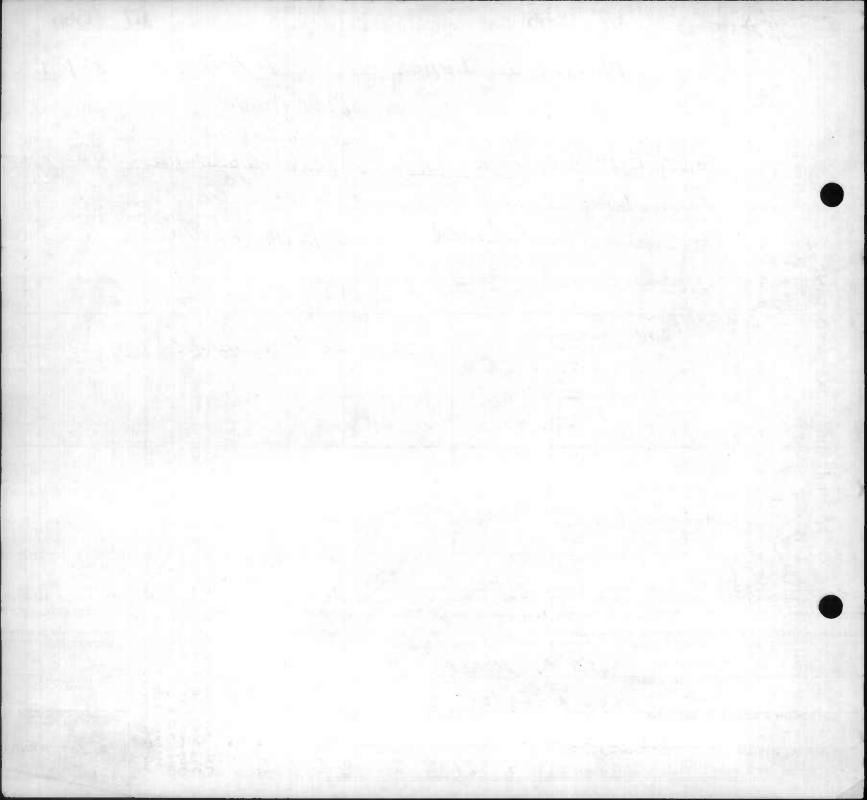
MRTH NO. 67. U565	BALTIMORE CITT	HEALTH DEPARTMENT	67 0565
	CERTIFICA	TE OF DEATH Registered N	o. 07 UJOJ
A.E. CASE NO. NAME OF DECEASED	. / /	2. DATE AND HOUR OF DEA	ТН
Type or Print) Flizabeth	HALN	1. 1 16-	1.71 11:05 F
PLACE OF DEATH IN BALTIMORE, MARYLAND	/////V	4. USUAL RESIDENCE (Where deceased lived, I A, STATE B, COUNTY	f institution; residence before admission
FULL NAME OF (If not in hospital or institution oddress or location) INSTITUTION	n, give street	Md.	te RURAL ond give township)
2 i		130/to 21	202 11-02
Mercy Hos.	pital	D. STREET ADDRESS (If zurol, give location)	1 6+
	D, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
E /// WIDOW	VED, DIVOSCED (specify)	10-21-76 lost birthdoy)	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Store or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		BAT WITHOUT AND	
3. FATHER'S NAME		BALTIMORE MD.	U.S.A.
The state of the s		" et l'immerge et a	
UNKNOWN	13 / 20011	UNKNOWN	ADDRESS
5. Was Deceased Ever in U. S. Armed Forces? fes, no or unknown}{If yes, give wor or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	212 01 8325 1	Mrs. Elizabeth Lear 5	88 Pritchard Dr.
1B. 5 8 6 X I	CAUSE OF		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		0 -63	ONSET AND DEATH
LEADING TO DEATH	(A)]-e	Arated T.P.	40-noms
(This daes not mean the made of dying, e. heart failure, asthenia, etc. It means the diseas	g., DUE TO	J ~ D ~	0
injury at camplication which caused death.)	Ac	" to Rough Law line .	24-hom
ANTECEDENT CAUSES	(B) DUE TO		
DISEASES OR CONDITIONS, if any, givin		CAEN	20 4
rise to the above cause (A) stating the UNDERLYING CONDITION last.	ne (CI / 1 = 3	COD	20 pr
ONDERLYING CONDITION last.			•/
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			
A DISEASE OR CONDITION CAUSING II.	R WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WE	RE FINDINGS CONSIDERED
		Yes IN CERTIFYING	CAUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 2 OR CONTRIBUTING CAUSE OF 5 DEATH (notify medical exomine)	21B. PLACE OF INJURY (e.g., ir nome, form, foctory, street, of	n or obout 21 C. WHERE DID (If in Boltin	CAUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 19B. CONTRIBUTING 19B. CONTRIBUTING 19B. CONTRIBUTING 19B. CONTRIBUTING 19B. CONTRIBUTION FOR CONTRIBUTION 19B. CONDITION FOR CONTRIBUTION 19B. CONTRI	nome, form, factory, street, of etc.) TE INJURY OCCURRED While At Not While	n or obout 21C. WHERE DID (If in Boltin ffice bldg., INJURY OCCUR?	CAUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exomined) 21D. TIME (Month) (Doy) (Yearl (Hour) 2 OF INJURY (APPROX.)	nome, form, foctory, street, of street. ITE, INJURY OCCURRED While At Not While At Work	n or obout 21C. WHERE DID (If in Boltin ffice bldg., INJURY OCCUR?	more City, give exact location)
19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 20 CR CONTRIBUTING 20 CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yearl (Hour) 20 CH PROXY)	nome, form, foctory, street, of street. ITE, INJURY OCCURRED While At Not While At Work	n or obout 21C. WHERE DID (If in Boltin ffice bldg., INJURY OCCUR?	CAUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION FOWAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yearl (Hour) 2 OF INJURY (APPROX.)	while At Not While At Work the deceased from 21	n or obout 21C. WHERE DID (If in Boltin ffice bldg., INJURY OCCUR?	CAUSES OF DEATH? more City, give exoct locotion)
19A. DATE OF OPERATION 19B. CONDITION FOWAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yearl (Hour) 2 OF INJURY (APPROX.)	while At North Mark	n or obout 21C. WHERE DID (If in Boltin fine bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	CAUSES OF DEATH? more City, give exoct locolion)
19A. DATE OF OPERATION 19R. CONDITION FOWAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Yearl (Hour) OF INJURY (APPROX.) 22. I certify that (1) (this hospital) attended that (1) (we) last saw the deceased alive are	while At Not While At Work At	n or obout 21C. WHERE DID (If in Boltin ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 ta	CAUSES OF DEATH? more City, give exact location)
19A. DATE OF OPERATION 19B. CONDITION FOWAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 20R CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) (Yearl (Hour) 20F INJURY (APPROX.) 22. I certify that Withis hospital) attended that Will (we) last saw the deceased alive around haur and fram the causes stated above.	while At Work At Wor	n or obout 21C. WHERE DID (If in Boltin ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 ta	CAUSES OF DEATH? more City, give exact location) [1] [1] [1] [2] [3] [4] [4] [5] [6] [6] [7] [7] [7] [7] [7] [7] [7] [7] [7] [7
19A. DATE OF OPERATION 19R. CONDITION FOWAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yearl (Hour) 2 OF INJURY (APPROX.) 22. I certify that (Withis hospital) attended that (We) last saw the deceased alive are and haur and fram the causes stated abave. 23A. SIGNATURE 23C. PHYSICIANS NAME (Type) N. ZAFRULLAH 24A. BURIAL CREMATION, 124B. DATE 124C.	while At Not While At Work At	n or obout 21C. WHERE DID (If in Boltin ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 and that In(py) (aur) oview the bady after death. 23D. ADDRESS	CAUSES OF DEATH? more City, give exact location) [1]
19A. DATE OF OPERATION 19B. CONDITION FOWAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yearl (Hour) 20 OF INJURY (APPROX.) 22. I certify that (H) (this hospital) attended that (H) (we) last saw the deceased alive are and haur and fram the causes stated abave. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) M. ZAFRULLAH	while At North Man. Atte Phys. M.D. Atte.	n or obout 21C. WHERE DID (If in Boltin ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 and that In(py) (aur) oview the bady after death. 23D. ADDRESS	causes OF DEATH? more City, give exect locohon) 11-2-1



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	CT 0500	BALTIMORE CITY	HEALTH DEPARTMENT		CH OFCC
-01	TH NO. 07 U300	CERTIFICA	TE OF DEATH	Registered No.	67 0566
1,1	E. CASE NO.			D HOUR OF DEATH	
(Ту	pe or Print) Marion (LEllEP.	/-	15-1967	3:10 P.M.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE 8. COUN	e deceased lived. If instit	tution: residence before admission)
	FULL NAME OF (If not in hospital or instituti	on, give street	Maryla	Nd.	a.a.C.
	HOSPITAL OR oddress or location)		C. CITY OR TOWN III out	side city limits, write RUI	RAL and give township)
1	43		D. STREET ADDRESS (III	PNIE . ural, give location)	52-00
15	outh Baltimare Go	=NEPal Hosp.	7813 Wir	V bourNE	Drive Ant-13
5.		HED, NEVER MARRIED WED, DIVORCED (specify)		O. AGE (In years ost birthday)	If Under 1 Yr. If Under Z4 Hrs. Nonths Doys Hours Min.
	M. White W	idower	8-15-05	6/	
100	k, USUAL OCCUPATION (Give kind of work 108, "RING the during most of working life, even if refired)	O'OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
	RE	tired.	Baltimo	re. 1/1d.	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (II yes, give wor or dates of servi	SECURITY NO.	17. INFORMANT		ADDRESS
				and the state of	
	18. 153, 8 1	CAUSE O	F DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	7 3/11	ASIVE Carein	DHA OF COLO	1 2 141 -
	(This daes not mean the made of dying, heart failure, asthenia, etc. (I means the dise	e.g., DUE TO	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7	X
	injury or camplication which caused death.)	use,			
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if any, giverise to the above cause (A) stating				
	UNDERLYING CONDITION last.	the (C)	**************************************		***************************************
z	II .				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO	TING THE			
ICA	19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	IDINGS CONSIDERED
CERTIFIC	1-10-67 WAS PERFORMED	Al Obstruccio	1/	IN CERTIFYING CAUSI	ES OF DEATH?
1	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	fice bldg., INJURY OCCUR?	(If in Boltimore C	City, give exact location)
CAL	DEATH (notify medical examiner)	etc.)			
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
~	(APPROX.)	While At Not While Work At Work			
	22. I certify that (this hospital) attended				1-15 1967.
	that (I) (we) last saw the deceased alive	n / - / 3	19 <u>6</u> <u>7</u> and the	t in (asy) (aur) apinio	on death accurred an the date
	and have and from the causes stated above	6. (1) (We) (did) (did nat) v	iew the bady after death.		
	23A. SIGNATURE	Pia (C M.D. Atte	ending Med.	Stoll -	3B. DATE SIGNED
	23C. PHYSICIAN'S	Phy	s. Director	Phys.	1-16-67.
	NAME (Type)	1-0:00 M.D.	23D. ADDRESS	11 01	
24	A. BURIAL CREMATION, 24B. DATE 124	ES IQS	12/3h/9/	15 SE	, Acres 21 (54-4-)
	REMOVAL (Specify)				town, or county) (State)
25	Burial 1-19-67 A. DATE REC'D BY HEALTH DEPT. 258, NAM	Glen Haven Co	emetery A.	A. County	Maryland
	JAN 18 1067 AS	6.07.700.20			unera1ººH8me
VS	150-REV. 1/1/65	TO CLACENTER	1 23 / Patapa	co Avenue	



prior to death.

deceased

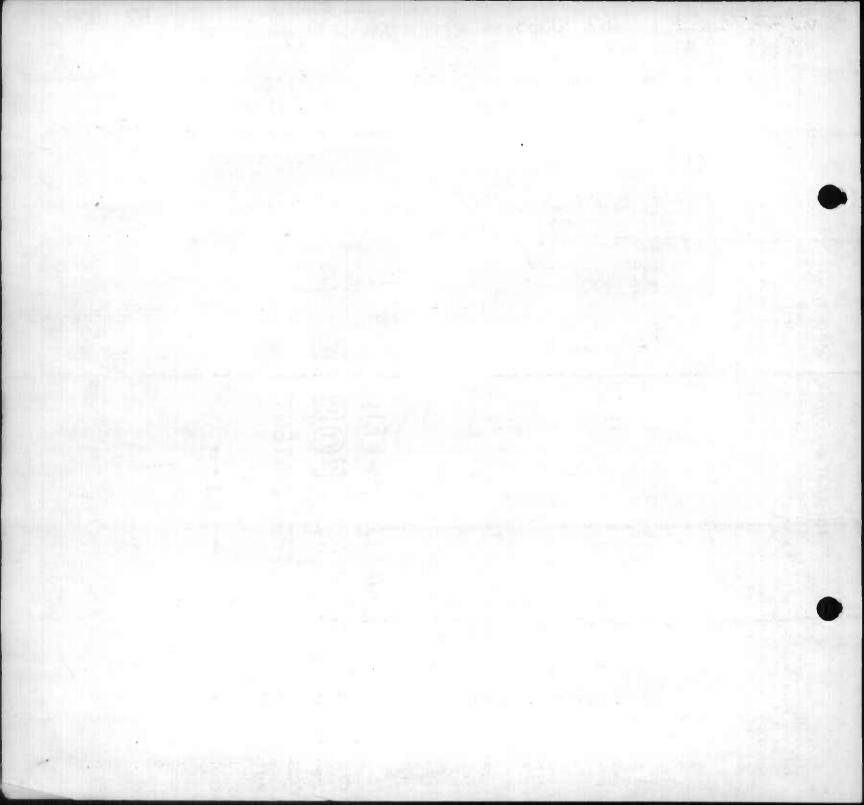
	67-01103		BALTIMORE CIT	TY HEALTH DEPARTMENT	1/	CM OFOR		
BI RT	TH NO. 67 05	67	CERTIFIC	IFICATE OF DEATH Registered No. 67 0567				
1. N	E CASE NO.	rank G.			ND HOUR OF DEATH	H		
	pe or Print) Baby B PLACE OF DEATH IN BALTIMO		ie	1/15	1/67	7:35 P		
3. 1	PLACE OF DEATH IN BALTIMO	E MARYLAND		4. USUAL RESIDENCE (Who	ere deceosed lived. If	institution: residence before admission		
	FULL NAME OF (If not in h	ospitol or institutio	on, give street	Maryland		Balto Co		
	HOSPITAL OR oddress or INSTITUTION	locotion)		C. CITY OR TOWN (If or	utside city limits, wiite	RURAL and give township)		
	27			Baltimore D. STREET ADDRESS (III	rurol, give location)	33+00		
	3 Mercy Hos	pital		979 Dalton Avenue				
5. S	SEX 6. RACE		ED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs		
	Male White	WIDO	WED, DIVORCED (specify)	1/15/67	lost birthdoy!	Months Doys Hours Min.		
	. USUAL OCCUPATION (Give kind eduring most of working lile, even if		OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY?		
оп	none	enred)		Maryland		U.S.A.		
3.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	Uewere		
	Harry McKenzie			Delores Freez	e			
	Was Deceased Ever in U. S. Am		1 6. SOCIAL	17. INFORMANT		ADDRESS		
res	s, no or unknown) (If yes, give wor	or dotes of servic	e) SECURITY NO.	Father, ab	ove			
_	18. 7 7 / 1		CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEASE OR CONDITION	N DIRECTLY				ONSET AND DEATH		
	LEADING TO D	EATH	(A)	Immaturity				
	(This does not meon the me		.g., DUE TO		adrimen urr 9 9 9 9 9 0 a a madrimen a a a a a a a a a a a			
	injury ar complication which							
		ANTECEDENT CAUSES (B)						
	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the (C)							
	UNDERLYING CONDITION IN		(6)					
_	11							
ATION	TO THE DEATH BUT NO	RELATED TO						
CA	19A. DATE OF OPERATION 19		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	o) 20B. IF YES WERE	FINDINGS CONSIDERED		
RTIFIC		AS PERFORMED			IN CERTIFYING C	AUSES OF DEATH?		
CE	21A. ACCIDENT WAS UNDERL	YING 🗌	218. PLACE OF INJURY (e.g.	in or obout 21 C. WHERE DID	(If in Baltima	ore City, give exact location)		
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner		etc.)	office bldg., INJURY OCCUR?				
DIG	21 D. TIME (Month) (Doy)	(Yeoi) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?			
Σ								
	7/15 67							
	that (I) (we) last sow the deceased alive on							
	23A. SIGNATURE	s stated above	. (1) (me) (ala) (ala not)	view the body after death.		23 B. DATE SIGNED		
				ttending Med.	Stoff -	1/16/67		
	23 C. PHYSICIAN'S	men	2/	23D. ADDRESS	Phys.	1/10/01		
	NAME (Type)	thous	M.E			himana Manualand		
24A	R. HOJ		NAME of CEMETERY of C	Herey nos	_	timore, Maryland City, town, or county) (Stote)		
	REMOVAL (Specify)							
7 E A	Burial 1/		oly Redeemer		altimore,			
234	JAN 19	1967 12	F & Fr. L. M.		Funeral H			
1		11000	TARAL SALL SALES OF THE SALES O	- 7701	EN 1 0 P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	118		

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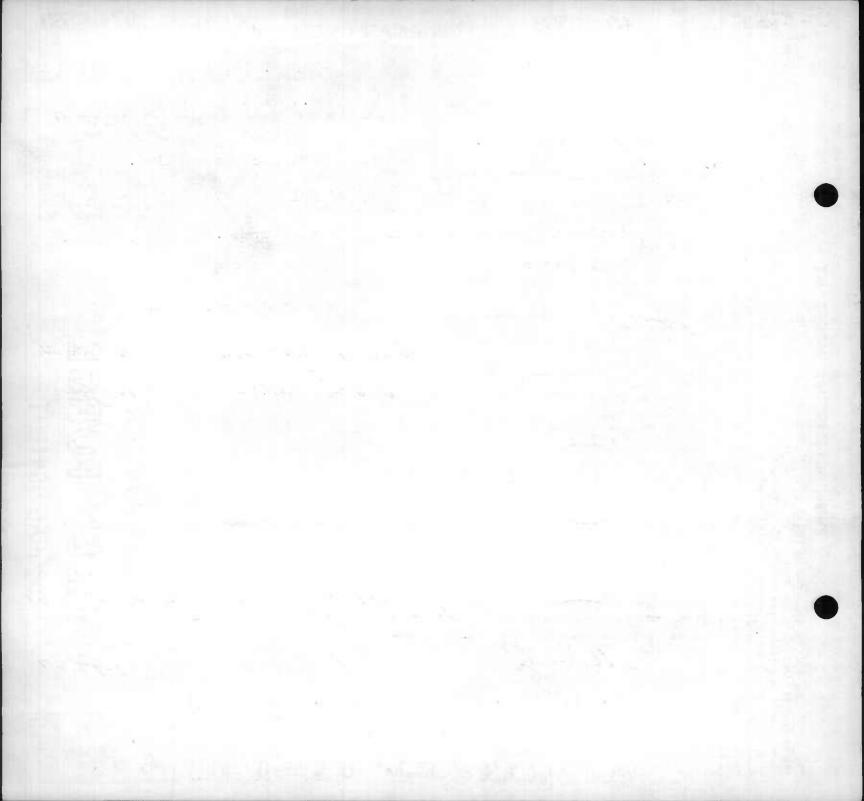
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C)PU		Y HEALTH DEPARTMENT		67 0568
MRTH NO. 67 0	568 CERTIFICA	ATE OF DEATH	Registered Na.	07 0000
NAME OF DECEASED	ETHA WAGNER	2. DATE AN 1/15/	D HOUR OF DEATH	1 6 p.
. PLACE OF DEATH IN BALTIMORE, M	ARYLAND	4. USUAL RESIDENCE (When	re deceased lived. If in	nstitution: residence before admiss
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital oddress or location	ol or institution, give street	Md. 212 c. CITY OR TOWN (If out	tside city limits, write	RURAL and give township
00 4610 Marx A	Ave.		rurol, give locotion) rx Avenue	26 02
. SEX 6. RACE female white	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) married		9. AGE (In years lost birthdoy) 75	If Under 1 Yr. If Under 24 Months Doys Hours Mi
OA. USUAL OCCUPATION (Give kind of wo lone during most of working lite, even if retired Housewife	at home	Y 11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	a c mone	14. MOTHER'S MAIDEN NAM	ME	0.0.11.
Adam Schae:	fer	unknown		
5. Was Deceased Ever in U. S. Armed F Yes, no or unknown) (If yes, give wor or do	otes of service) SECURITY NO.	17. INFORMANT		ADDRESS
18. 4 2 0 . 1	21.8-07-0483	John Wagner,	husband,	above INTERVAL BETWEEN
DISEASES OR CONDITIONS, if tise to the above cause (A UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE	CONTRIBUTING			
DISEASE OR CONDITION CAUSING		20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	218 PLACE OF INJURY (e.g., hame, form, foctory, street, etc.)	in or about 21C. WHERE DID office bldg., INJURY OCCUR?		e City, give exact location)
21 D. TIME (Month) (Doy) (Yeo OF INJURY (A PPROX.)	r) (Hour) 21E, INJURY OCCURRED White At At Work At Work		URY OCCUR?	
22. I certify that (I) (this haspit	al) attended the deceased from/_	1-12	1964 to	19
that (I) (we) last saw the decea and have and from the causes st	sed alive an Januari ated abave. (I) (We) (did not)	1 10 1967 and the view the bady after death.	at in(my) (aur) api	
23A. SIGNATURE	6-Comas M.D. A	ttending Med. Director	Stoff Phy s.	23B. DATE SIGNED /-/7-67.
23C.PHYSICIAM'S NAME (Type) Dr. Mario	E. Comas M.		manoed 61	1/4 Below Rd
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 1/18,	24C.NAME of CEMETERY or C	100	ocation (c) altimore,	ity, town, or county) ISto
SA. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
JAN 1 9 1967		Schimunek		



Such Ca

	050	0	BALTIMORE CITY	HEALTH DEPARTMENT		67 0569
BIRTH NO. M.E. CASE NO.	67 056	3	CERTIFICA	TE OF DEATH	Registered No.	. 67 0569
1. NAME OF DE	CEASED	E JUDE (TANTON	2. DATE	AND HOUR OF DEATH	1
			DILIVI OIV	Jan	. 16, 1967	12:10 a w
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		A. STATE B. CO	UNTY	institution; residence before admission)
FULL NAME			ve street	Md., 2	1212	
HOSPITAL OR	oddress or locotio	n)		C. CITY OR TOWN (IF	outside city limits, write	RURAL and give southship!
62	201Loch Rave	n Blvd.		Baltim		21-06
00				D. STREET ADDRESS	(If rurol, give location)	27 - 7
00		T				Blvd.
5. SEX	6. RACE	7. MARRIED, N	DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
male	white		arried	8/30/1891	75	
	CUPATION (Give kind of world working life, even il retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
Repres	sentative	Badger	Meter Co	Baltimor	e, Md.	
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN		
I.	Michael Cant	on		Susan	McGraw	
5. Wos Deceose	d Ever in U. S. Armed For	ces?	6- SOCIAL	17. INFORMANT		ADDRESS
	vn) (If yes, give wor or dote	es of service)	SECURITY NO.	There are not at the	Cantag	C - 1
yes	WW 1		CAUCE	Emma Noha	Canton, Wi	
6	SX		CAUSE	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	ASE OR CONDITION DII	RECTLY	/	1 R/	1 months.	
	nal mean the made at		DUE TO	cer of Right	nung	6 monns
heart failure	, asthenia, etc. Il means implication which caused	the disease,	,	Pialetes Mer	11	
	ANTECEDENT CAUSES		(B)	labetes Mel	1.tus	10 years
DISEASES	OR CONDITIONS, if		DUE TO			
rise to I	he abave cause (A)		(C)			
UNDERLYIN	IG CONDITION last.	4				
z	11					
E TO THE	VIFICANT CONDITIONS OF	ATED TO THE				
U 19A. DATE C	F OPERATION CAUSING		HICH OPERATION	120 A. ALITOPSY? (Yes, or	Not 208 IF YES WEDE	FINDINGS CONSIDERED
19A. DATE C	WAS PER		THE OF EXAMON	2011 AB TOF 31: 11 cs of	IN CERTIFYING C	AUSES OF DEATH?
U 21A. ACCID	ENT WAS UNDERLYING	21B, P	LACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(If in Boltima	ore City, give exact location)
OR CONTRIL	ENT WAS UNDERLYING DUTING CAUSE OF	home,	lorm, foctory, street, o	ffice bldg., INJURY OCCUR	?	
U	(Month) (Doy) (Year)		NJURY OCCURRED	035 110111 515		
OF INJURY	(Monin) (Doy) (Teon	(Hour) 21 E, 1 While			INJURY OCCUR?	
(APPROX.)		Work	At Work			,
22. I certif	y that (I) (t his hospi ta) ottended the	4	July 3rd	1966 to V	anusay 16 19 67
that (I) (we	f) last saw the decease	ed alive an	January 15	19 67 ond	that in (my) (aus) op	pinion death occurred on the do
ond hour o	nd from the couses sta	ted abave. (I)	(Ma) (did) (did not)	view the bady ofter deat		
23A. SIGNAT	URE FAIL	1)				23B. DATE SIGNED
	VLY1X-	Finn	M.D. Att	ending Med.	Stoff Phys.	1-17-67
23 C. PHYSICI		7	1.0)	23D. ADDRESS	1 11/3.	1.11-0
NAME	Dr. Phill	ip D. F	Tlynn M.D.	11 E. Cha	se Street	
4A. BURIAL CR	EMATION, 248. DATE		AE of CEMETERY OF CR			City town or country (State)
REMOVAL	(Specify)					City, town, or county) (State)
Burlal			Cathedral		Baltimore	
SA. DATE REC'	D BY HEALTH DEPT.	25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECT	Auneral Ho	ADDRESS
	JAN 19 1967	O Colout	E. Janey PLA	U 33310 B	rehms Lane	Jane, Like.
'S 150-REV. 1/1	/65					



Such &

		BALTIMORE CITY	HEALTH DEPARTMENT		67	0571	
BIRTH M.E.	NO. 67 05	71 CERTIFICA	TE OF DEATH	Registered No.		0072	
.NA	ME OF DECEASED	TTE T. CARTER		15, 1967		8:15p.	
. PL	ACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution: res	dence before admissi	
FULL NAME OF (If not in hospital or institution, give street			Md. 21205 C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
	810 N Coll	lington Ave.	Baltim		1-	03	
0	0	illigion live.		rurol, give locotion) Collingto	n Ave		
SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under Months: D	Yr. If Under 24 F	
fe	emale white	married	7/18/09	57			
	JSUAL OCCUPATION (Give kind of work during most of working life, even if retired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZE	N OF COUNTRY?	
one c	Stocker	Arrow Cartons Co	Baltimore,	Md.			
3. FA	ATHER'S NAME	THE ACT OF THE PROPERTY OF THE	14. MOTHER'S MAIDEN NA				
	Anthony Kul	likowski	Anna La	nocha			
es, n	os Deceased Ever in U. S. Armed Far	ces? 16. SOCIAL SECURITY NO.	17. INFORMANT		,	ADDRESS	
		213-26-0687	Bernard M. C	arter, hus	band,	above	
18	8.17501	CAUSE O	F DEATH			TERVAL BETWEEN	
	DISEASE OR CONDITION DIE	RECTLY		ALANNI		1 no h (
	LEADING TO DEATH	(A) CA	NIFR OF	OUXING		0 10107	
h	This does not mean the mode of neart failure, asthenia, etc. It means njury or complication which caused	the disease,		9			
	ANTECEDENT CAUSES	(8) DUE TO		•••••••••		· · · · · · · · · · · · · · · · · · ·	
ri	DISEASES OR CONDITIONS, if ise to the obove couse (A) JNDERLYING CONDITION lost.	ony, giving			oo+++ oo • • • • • • • • • • • • • • • •		
\simeq $ $	THE DEATH BUT NOT RELATED SEASE OR CONDITIONS OF THE DEATH BUT NOT RELATED SEASE OR CONDITION CAUSING I	ATED TO THE					
		DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS O	ONSIDERED EATH?	
2 0	TIA. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.)	n or obout 21C. WHERE DID	(If in Baltimore	e City, give	exact location)	
21D. TIME (Month) (Doy) (Yeos) (Hous) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work							
2	2. I certify that (1) (this hospital	1) attended the deceased fram	DEC. 28	1966 to 1	115	1967	
1	hat (1) (we) last saw the decease	1/11/	19 47 and th	hat In(my) (aur) opi	nian death		
a	and haur and from the causes sta	ted above. (1) (We) (did) (did not) v					
	3A. SIGNATURE	-,	ending Med.	Stoff Phys.	23B. DAYE	SIGNED 7	
2	Or. Benjar	min Highstein M.D.	23D. ADDRESS 121 S. Hig	hland Ave.			
	BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 1/18/6	24C.NAME of CEMETERY of CR		Baltimore	ity, town, or	county) (Stat	

Follow ALA

ochimunel Funeral 3331 Brehms La

ADDRESS

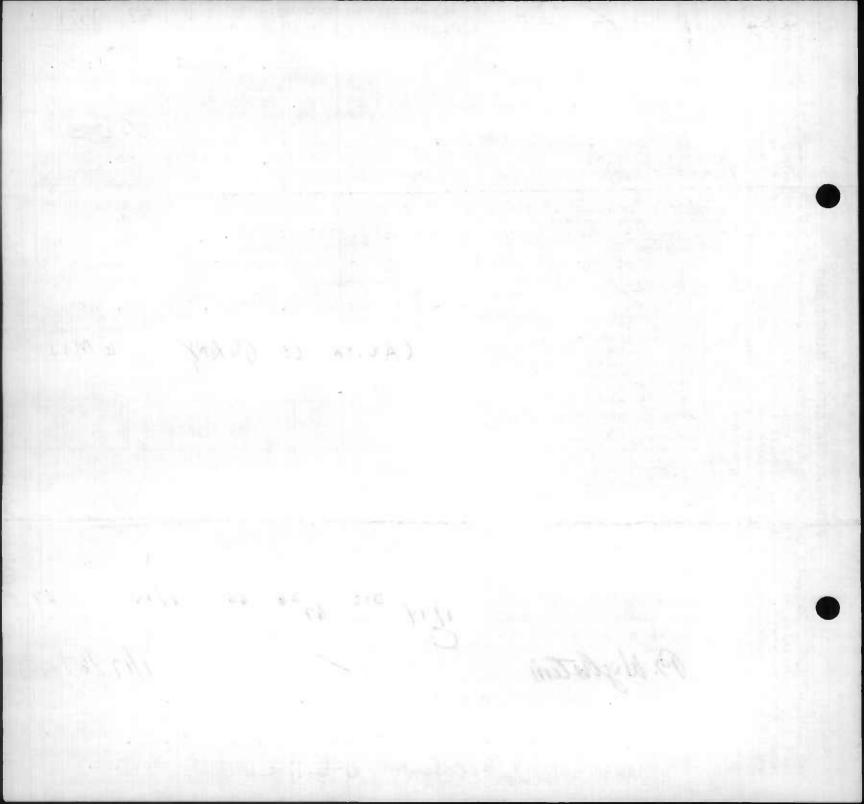
Home, Inc.

25B. NAME OF REGISTRAR

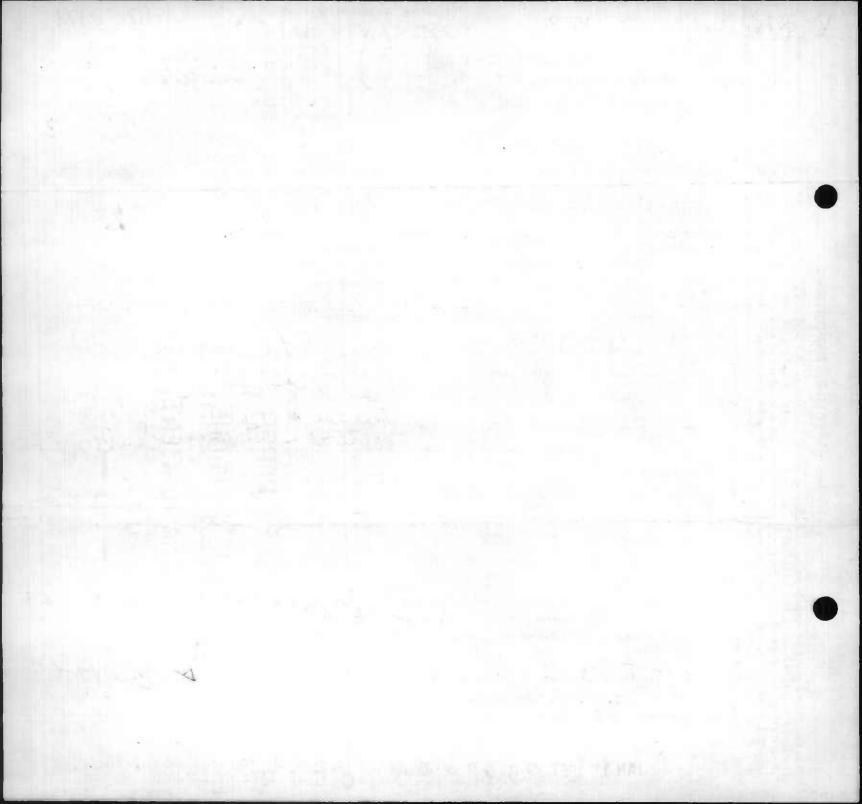
25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

JAN 19 1967

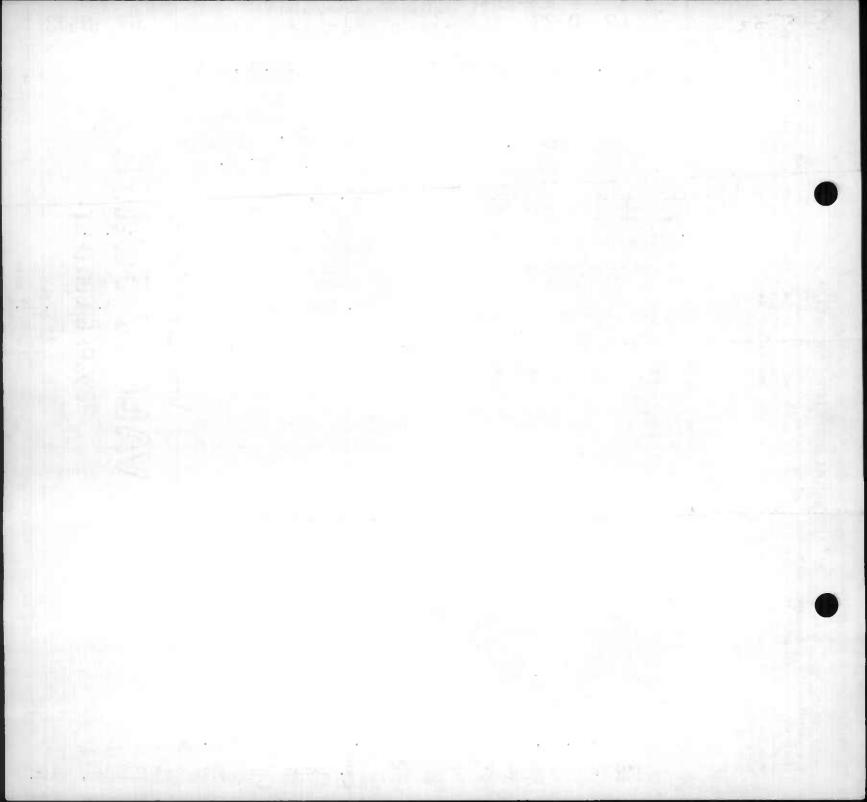


BIRTH NO. 67 0572		TE OF DEATH	Registered Na.	67 0572			
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) WILLIAM HEN		2, DATE AN	nd hour of death				
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, graddress or location) INSTITUTION	ve street	4. USUAL RESIDENCE (Whe A. STATE B. COUN Md. 2120)	ne deceosed lived. If in NTY 6 Iside city limits, write	nstitution: residence before admission			
00 4704 Althea Ave.			rurol, give locotion) hea Avenue	2000			
WIDOWED,	NEVER MARRIED DIVORCED (specify) rried	B. DATE OF BIRTH 11/7/1892	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF done during most of working life, even if retired) Farmer John	A. Vesper	Baltimore,	,	12. CITIZEN OF WHAT COUNTRY?			
John A. Vesper		14. MOTHER'S MAIDEN NA Mary Hi					
(Yes, no or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO. 6-20-8540	17. INFORMANT Iona Apsley	Vesper, v	Address wife, above			
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(B) DUE TO	Hypertes action H estero Sch	Edenie ypeituofr Lossy	Ey Heril			
19A. DATE OF OPERATION 198. CONDITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes for M	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?			
OR CONTRIBUTING CAUSE OF CAUSE	PLACE OF INJURY (e.g., i o, lorm, foctory, street, o	in or obout 21 C. WHERE DID INJURY OCCUR?	(If in Baltimor	re City, give exoct locotion)			
21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. While (APPROX.)			URY OCCUR?				
22. I certify that (I) (this haspital) attended the deceased from 1967 and that (I) (we) last saw the deceased alive an 1967 and that In(my) (aur) opinion death accurred an the day							
and have and from the causes stated abave. (1) (WeX(did) (did nat) view the bady after death. 23A. SIGNATURE COCOLOGO M.D. Attending Phys. Director Phys. Director Phys. Director Phys. Director Phys. Director Phys. Director Di							
REMOVAL (Specify)	Me of CEMETERY of CR don Park C	1000	ocation (Caltimore,	ity, town, or county) (Stote)			
JAN 19 1967 Result		25C. FUNERAL DIRECTO		ADDRESS			



	FUNERAL DIRECTOR: IMPORTANT	OR: IMPORTANT	
This certificate must be approved by the chief medical examiner or his assistant if death occu	by the chief medical exam	iner or his assistant if d	leath occu
the body was released to the hospital by a medical examiner. Also, if the direct or contri	ital by a medical exami	ner. Also, if the direct	or contri
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermi	re; (2) Body burns; (3) A fr	acture of any kind; (4) U	Indetermi
was D.O.A. at a hospital (except where the physician who pronounced death was in regu	where the physician who	pronounced death wa	is in regu
deceased prior to death); and (6) No physician was in regular attendance on the decease.	No physician was in reg	ular attendance on the	decease
written anaroval must be abtained before the remains are embalmed or find disposition is m	before the remains are	mhalmed or final dispos	ition is m

	OF OFFIG	BALTIMORE CITY	HEALTH DEPARTMENT		OF OFFICE
BIRTH N	40. 67 0573	CERTIFICA	TE OF DEATH	Registered Na.	67 0573
1.NAM	ASE NO. LE OF DECEASED		2. DATE A	ND HOUR OF DEATH	
(Type or	Mary B. Beatty Bockler Sch	mitt	Jan.	14. 1967	nstitution: residence before admission)
3. PLAC	CE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Who	ere deceased lived. If i	nstitution: residence before admission)
FILL	L NAME OF (If not in hospital or institution, give s	treet	Maryland		
HOS	PITAL OR oddress or location)		C. CITY OR TOWN (If or	utside city limits, write	RURAL ond give township)
(1.131)			Balto.		1-01
	2913 Hudson St.		D. STREET ADDRESS	rurol, give location)	
			2913 Hudso		
5. SEX	6. RACE 7. MARRIED, NEVE WIDOWED, DIV	R MARRIED ORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
- +	male White Married		Dec. 13, 1921	45	
	UAL OCCUPATION (Give kind of work 10B. KIND OF BUST	NESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
	. Maid Tavern		Germany		U. S. A.
13. FAT	HER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	Maximilian Bockler		Anna Marie	Frev	
15. Wos	Deceased Ever in U. S. Armed Forces? 16.5	OCIAL	17. INFORMANT	- 1 0 3	ADDRESS
(fes,no	or unknown (If yes, give wor or dotes of service)	ECURITY NO.	Mm Taganh Daal	1 on 31 02 CL	afford St. Balto. Md.
18.		CAUSE O		KIEL JIZJ BU	INTERVAL BETWEEN
10.	1/0101	CAUSE O	DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		a Brut	× 90111.1	
	his does not meen the mode of dying, e.g.,	DUE TO	Metar Casi	is general	
	orl foilure, osthenio, etc. It means the disease, ury or complication which coused death.)		1 macan asi	5 -	
	ANTECEDENT CAUSES	(B)			
DI	SEASES OR CONDITIONS, if ony, giving	001			
	e to the obove couse (A) stoling the NDERLYING CONDITION lost.	(C)			
Z OT	THER SIGNIFICANT CONDITIONS CONTRIBUTING				
A DI	O THE DEATH BUT NOT RELATED TO THE ISEASE OR CONDITION CAUSING IT.				
	A. DATE OF OPERATION 198. CONDITION FOR WHICH	H OPERATION	20 A. AUTOPSY? (Yes or N	O 20B. IF YES, WERE	FINDINGS CONSIDERED
E				W CERM III C	TO SEATTLE
OR OR	A. A CCIDENT WAS UNDERLYING 21B. PLACE CONTRIBUTING CAUSE OF home, for	E OF INJURY (e.g., in m, foctory, street, of	or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
DE.	ATH (notify medical examiner) etc.)				
21 E OF	D. TIME (Month) (Doy) (Year) (Hour) 21E. INJU	RY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
≥ (AF	PPROX.) While At	Not While			
22.	. I certify that (I) (th is hespital) attended the de	ceased from	Rune	19 6 6 to	1/4 19 67
	at (I) (we) last sow the deceased alive on	1/3	7 - /		inion death accurred on the date
	d hour and from the couses stated abave, (I) (We	or (did not)			
	A. SIGNATURE	, (0 70) (ala liai) V	rew the body offer death.	•	23B, DATE SIGNED
	Joseph B Tol		nding Med.	Stoff	1/17/17
230	C. PHYSICIAN'S	Phy:	23D. ADDRESS	Phys.	1/1/12/
230	(NAME (Type)		2 0 0	1	1 pt 2)
244 5	JUSEPH 15. KIBER TO	M.D.	2508 BU	ul 57-	Belliner Mg.
Z4A. BL	URIAL CREMATION, 24B. DATE 24C.NAME (EMOVAL (Specify)	OF CEMETERY OF CRE	MAIORT 24D.	LOCATION	City, town, or county) (State)
		oudon Park (alto Md.	
25A. D.	ATE REC'D BY HEALTH DEPT. 258 NAME OF RE	GISTRAR A. M.	25C. FUNERAL DIRECTO		ADDRESS
	JAN 1 9 1967 R. C. & E	TOWNSON	G. Taruman Sc	hwab 3512 Fr	ederick Ave, Balto. 1
/S 150-	-REV, 1/1/65		1 0 0 7 6		

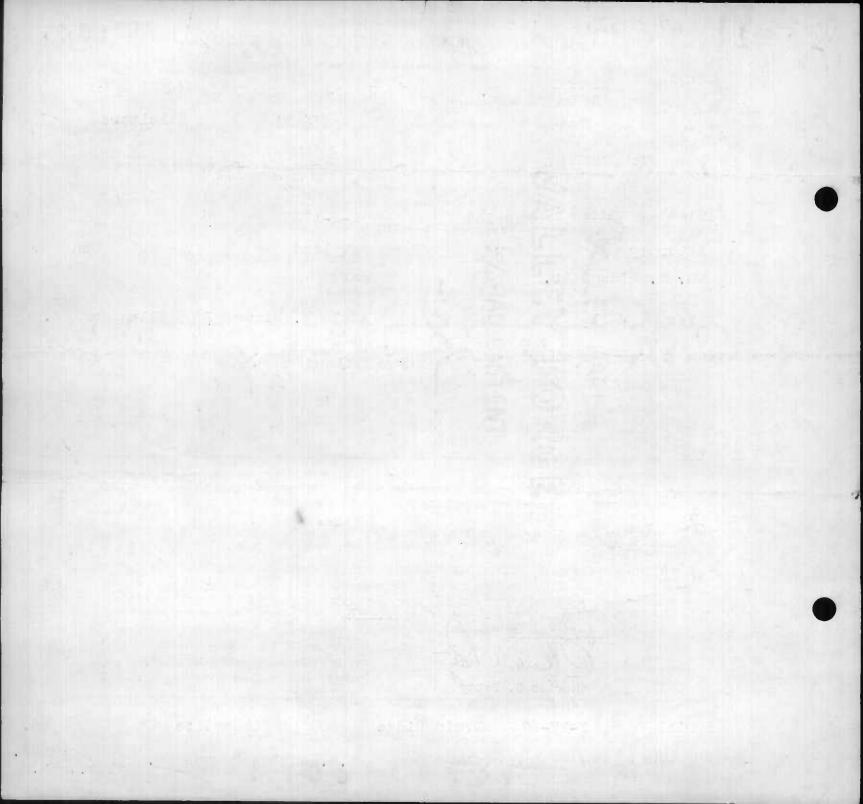


THE RESERVE THE PERSON TO WELLS HELP THE POWER CON RECORD REPORTED MARS CAUC. Married 1/31/43 43 EDWARD A ALDRIDGE PROPERTY NEWSCHOOL THE WILL STEP PERCENTIC MAY CARE THAT a Mari S Barand Carport to assure of Triblengs and BORIAL 1-19 OF BALTIMORE NOTWALL CEM. SECTED LEVEL ME. TOLING.

W-553

1	010
 THRedistared	67
HARadistarad	Na

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION) FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION) Title Building Title Building Title Building T. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years Widoweb, Divorced(specify) Maryland C. CITY OR TOWN (If autside carparate limits, write RURAL and give location) 113 Church Lane 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Maryland Maryland C. CITY OR TOWN (If autside carparate limits, write RURAL and give location) 113 Church Lane 5. SEX 6. RACE Widoweb, Divorced(specify) Maryland Maryland	OF
A. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD	e beloge admission give township) Yr, II Under 24 Hr, Min.
WILLIAM T. WINAND, Jr. January 15, 1967 5 PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ULL NAME OF OSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION) Title Building Title Building Title Building T. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Male White Maryland C. CITY OR TOWN (If autside carporate limits, write RURAL and give location) 113 Church Lane T. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Married Attorney Replace (State or foreign cauntry) Maryland	e beloge admission give township) Yr, II Under 24 Hr, Min.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD JUL NAME OF OSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION) Title Building Title Building SEX 6. RACE White White Widowed, Divorced Israel T. MARRIED, NEVER MARRIED Widowed, Divorced (Specify) Maryland Total Church B. COUNTY Maryland C. CITY OR TOWN (If autside carparate limits, write RURAL and give location) 113 Church Lane SEX 6. RACE Widowed, Divorced (Specify) Maryland A. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY Maryland C. CITY OR TOWN (If autside carparate limits, write RURAL and give location) 113 Church Lane SEX 6. RACE Widowed, Divorced (Specify) Maryland 12. CITZEN COUNTY Maryland 14. MOTHER'S MAIDEN NAME	e beloge admission give township) Yr, II Under 24 Hr, Min.
Maryland C. CITY OR TOWN (If outside carparate limits, write RURAL and gis Baltimore B	OF
SEX 6. RACE Miles Married M	Yr, II Under 24 Hrs
Title Building Baltimore 8 D. STREET ADDRESS (If rural, give location) 113 Church Lane SEX 6. RACE Widowell, Divorced (specify) Married 2-2-1925 41 A. USUAL OCCUPATION (Give kind of work in a during most of working life, even if retired) Attorney Law Maryland Attorney Law 14. Mother's Maiden Name	of Haurs Min.
SEX Male White Married Mar	of Haurs Min.
SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Male White Married A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY) Attorney Law Maryland 14. MOTHER'S NAME 14. MOTHER'S MAIDEN NAME	of Haurs Min.
Male White Married 2-2-1925 41 A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE (State or foreign country) Attorney Law Maryland 14. MOTHER'S NAME 14. MOTHER'S MAIDEN NAME	OF Maurs Min.
A. USUAL OCCUPATION (Give kind of wark 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Attorney Law Maryland 14. MOTHER'S NAME 14. MOTHER'S MAIDEN NAME	OF OUNTRY?
Attorney FATHER'S NAME WHAT CO Maryland 14. MOTHER'S MAIDEN NAME	OF OUNTRY?
FATHER'S NAME	
	USA
Wm. T. Winand Sr. Mary WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS	
es, na ar unknawn) (If yes, give war ar dates af service) SECURITY NO.	Ruxto
Yes WW11 Adela H. Winand 7805 Ellenha	am Ave.
	TERVAL BETWEEN
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	400000000000000000000000000000000000000
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONS	
WAS PERFORMED Yes IN CERTIFYING CAUSES OF DEATH	Yes
21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (If in Baltimare City, give exact location hame, farm, factory, street, affice bldg., INJURY OCCUR? UTING CAUSE OF DEATH.	an)
21D TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT NOT WHILE	
22. Certify that I held an Inquiry Inspection Autopsy Ond that an this bosis, death In my apinion	
resulted from: Notural courses X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER	
ACTUAL ASSISTANT MEDICAL EXAMINER X	DATE SIGNED
EVANINED'S ASSOCIATE MEDICAL EXAMINER	15/67
EXAMINER'S NAME (Type) Charles S. Petty ASSOCIATE MEDICAL EXAMINER	
A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or count	ity) (State)
Burial 1-17-67 Druid Ridge Pikesville	Md
IA. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADD	RESS
JAN 19 1967 Robert E. John H.W. Jenkins & Sons Co. 4905	5 York R
S 151-REV. 1/1/65	Addison Pill Line



Burial 1/17/67
25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

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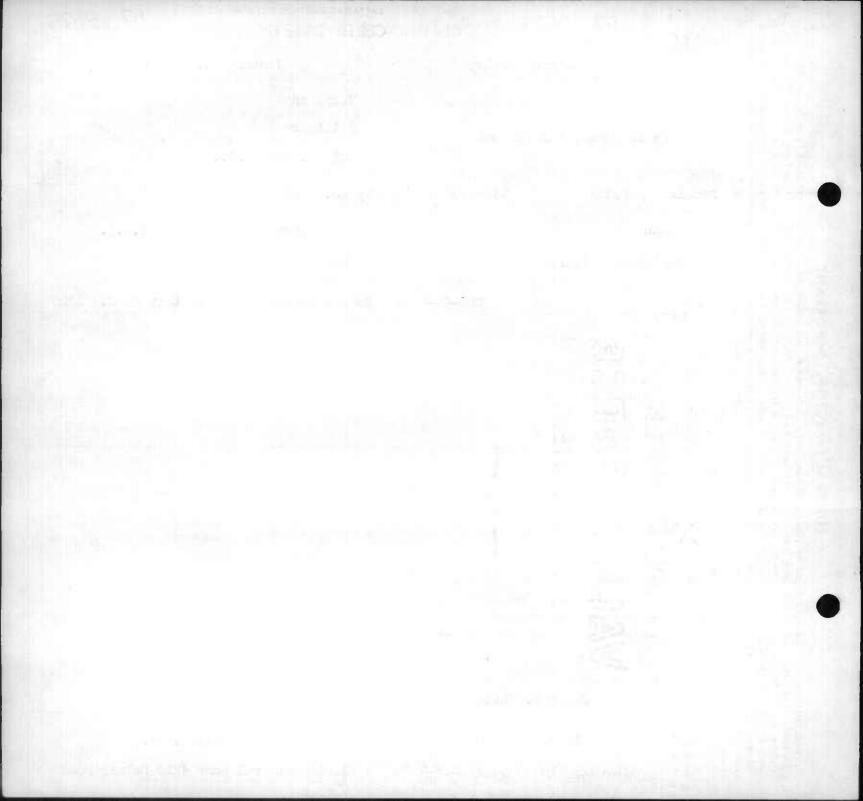
prior to death.

a hospital and

	0111		Y HEALTH DEPARTMENT	67 0576
BIRTH NO	67 05	76 CERTIFICA	ATE OF DEATH Registere	d No. 07 U575
M.E. CAS	SE NO. OF DECEASED		2. DATE AND HOUR OF E	DEATH 230
(Type or	Print) Kathry	m Gerahty	January 14,	
3. PLACE	E OF DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where deceased live	
HOSPI	NAME OF (If not in hospital ITAL OR address or location IUTION	or institution, give street 1)		, write RURAL and give township)
H	ouse In Pines, Bel	Lair Road	Baltimore D. STREET ADDRESS (If rural, give located)	1207
90			2910 E. Pratt St.,	
S/ SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In year	ors If Under 1 Yr. If Under 24 Hrs
Fema.		Widowed (specify)	May 30, 1881 last birthdoy 85	Months Days Hours Min,
dane durin	ng mast of working lite, even if retired) home	TOB. KIND OF BUSINESS OR INDUSTR	Y 11. BirthPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
	IER'S NAME		14. MOTHERS MAIDEN NAME	U.D.A.
(Christopher Bauer		Emma Lauterbach	
Yes, no or	Deceased Ever in U. S. Armed For ir unknown) (If yes, give war ar date	ces? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		220-44-6394	Howard Gearhty 4508 Pe	n Eucy Road. 21229
heor	DISEASE OR CONDITION DIF LEADING TO DEATH s does not meen the mode of rt foilure, osthenio, etc. It meens ry or complication which coused ANTECEDENT CAUSES	dying, e.g., the disease, deoth.)	Lenility	Jacker
rise	EASES OR CONDITIONS, if to the obove couse (A) DERLYING CONDITION lost.			
NO TO TO DISE	HER SIGNIFICANT CONDITIONS C THE DEATH BUT NOT RELA EASE OR CONDITION CAUSING I	ATED TO THE		
CERTIFICATION OLN 10 VI 10 VI	DATE OF OPERATION 198. CON WAS PER	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes at Na) 20 B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
_ OR (ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF TH (natify medical examiner)	218 PLACE OF INJURY (e.g., home, farm, foctory, street, etc.)	in or about 21 C, WHERE DID office bldg., INJURY OCCUR?	Baltimare City, give exact lacotion)
21 D. OF II	NJURY (Manth) (Day) (Year)	(Hour) 21E. INJURY OCCURRED While At Not Wh Work At Work	21F. HOW DID INJURY OCCUR?	1
that	I certify that (1) (this hospital (1) (we) last saw the decease hour and from the couses state SIGNATURE	od alive an (1) (We) (did) (did not)	19	opinion death occurred on the do
	PHYSICIAN'S NAME (Type) James RIAL CREMATION, 248. DATE	E. White M.D	23D. ADDRESS 5214 Harford Road,	(City, town, or county) (State)

Parkwood Cemetery
25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Ullrich Funeral Home 4210 Belair Road

Parkville, Md.



	67 057	my	BALTIMORE CITY	HEALTH DEPARTM	ENT	67 0577
BIRTH NO.	01 007	1	CERTIFICA	TE OF DEA	TH Registered No	
M.E. CASE NO.	CEASED			2. D	ATE AND HOUR OF DEAT	н
(Type or Print)		M. Sta	ubitz		Jan. 12, 1967	6:30 A
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE	E (Where deceased lived, If	institution; residence before admission
FULL NAME HOSPITAL OR		or institution,	give street	Maryla	nd (If outside city limits, write	e RURAL and nive township)
INSTITUTION				Baltim		26-02
20 46	05 Woodlea Ave	€.		D. STREET ADDRESS 4605 W	(If rurol, give locotion)	60 -
5. SEX	6. RACE	7. MARRIED.	NEVER MARRIED	B, DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. II Under 24 Hrs
Male	White	Marri	D, DIVORCED (specily)	June 22, 18	80 86	Months Days Hours Min.
	CUPATION (Give kind of work of working life, even if retired)	108, KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	ng clerk	Mil	c	Maryland		U.S.A.
3. FATHER'S NA	**	1		14. MOTHER'S MAID	EN NAME	OFDERE
	Sta	aubitz				
5, Wos Decease	ed Ever in U. S. Armed Fore	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	with yes, give wor or dole	3 01 36141067		Mrs. Anna S	taubitz, 4605 V	Toodlea Ave.
18.42	0.01		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DIR	ECTLY		7. 0	to Hann	ONSET AND DEATH
(This does	not mean the made of	dvina ea	(A) CC	runsce	Deseine	Suggest
heart failure	e, asthenia, etc. It meons	the disease,	001 10		Eleseure	
injury or co	amplication which caused	death.)	(8)			
	ANTECEDENT CAUSES		DUE TO		in the second section and the second section of the section of the second section of the section	
	OR CONDITIONS, if (the abave cause (A)		(6)			
	NG CONDITION last.	Stating the	(6)	000000000 == 0000 == == == == == == == =		
	11					
Y TO THE	NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I	TED TO TH	G IE			
19A. DATE C	OF OPERATION 198, CON WAS PERF		WHICH OPERATION	20 A. AUTOPSY? (Ye		E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIL	ENT WAS UNDERLYING DUTING CAUSE OF	218 hom etc.	PLACE OF INJURY (e.g., in the, form, foctory, street, of	fice bldg., INJURY OC	DID (If in Boltime	ore City, give exact location)
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW D	DID INJURY OCCUR?	
OF INJURY		Wh	ile At 🗀 Not While			
		Wo				
22. I certif	y that (1) (this haspit al) ottended t	he deceosed from	OUT 28	19 66 to s	DAN 12 1967
that (1) (we	r) lost sow the decease	d olive on	JAN	3 1967	ond that in (may) (ous) of	pinion deoth occurred on the do
ond hour or	nd from the couses stat	ed obove. () (We) (dtel) (did not) v	iew the body ofter (deoth.	
23A. SIGNAT		20				23B. DATE, SIGNED
	mmela	TO ILB	M.D. Atte	nding Med.	Stoff Phys.	1/14/67
23C. PHYSICI				23D. ADDRESS	111/3.	11/1/
NAME	Emmett P.	Davis	M.D.	. 5317 Bela	in Road	
4A. BUDIAL CO	REMATION, 248, DATE		AME of CEMETERY OF CRE			
REMOVAL	(Specify)					City, town, or county) IState)
Burial	1/16/67	Bal	timore Cemete	ry	Baltimore, M	d.
SA. DATE REC'	D BY HEALTH DEPT.	25B. NAME O	OF REGISTRAR	25C. FUNERAL DI	RECTOR	ADDRESS
	JAN 19 1967	(Parel	E TONSEUP .	Ullrich Fr	meral Home 421	O Belair Road.
/S 150-REV. 1/1	/65			0 0 .	- 4	

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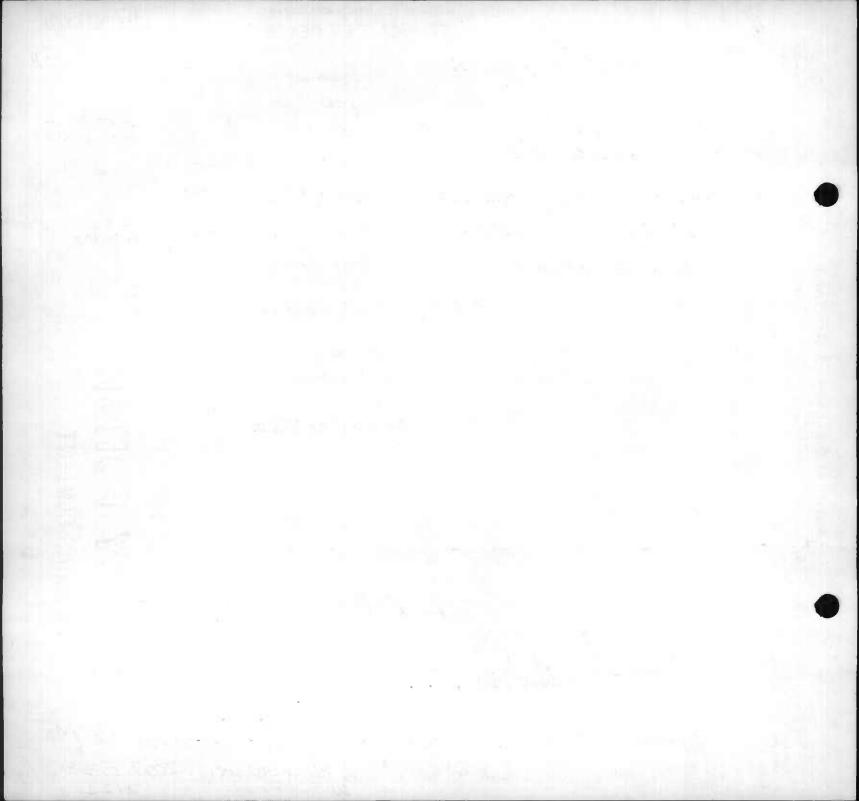
BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 1, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 1-16-67 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before 3. PLACE OF DEATH IN BALTIMORE, MARYL FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR (If outside city limits, write RURAL and give township) INSTITUTION Rosemek made MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 9. AGE (In years 5. SEX 6. RACE If Under 1 Yr. Months Doys If Under 24 Hrs. Hours lost birthdoy (1) 5-30-87 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even if retired) driver U. J. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL ADDRESS or final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not meon the mode of dying, e.g., hearl foilure, asthenia, etc. Il means the disease, injuly of complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION Iosi. remains CERTIFICATION DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) obtained 21 D. TIME (Month) (Doy) (Year) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work 22. I certify that (I) (this hospital) attended the deceased fram that (I) (we) last saw the deceased alive an____ and that in(my) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. must 23A. SIGNATURE 23B DATE SIGNED Attending Phys. Med. 1-16-67 written approval 23D. ADDRESS 23 C. PHYSICIAN'S NAME (Type) M.D. 24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify) BURIAL 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

Section . THE VIEWS SHIPS to be have not be die to 32 FEB. 25 Such Sun Acres 8 xall Street, Street No said market Descriped liter arrest and the state of エンタをいる はていかつ

VS 150-REV. 1/1/65

	BALTIMORE CITY H	EALTH DEPARTMENT		67	OFFICE
BIRTH NO. 67 0579 M.E. CASE NO.	CERTIFICAT	E OF DEATH	Registered No.	07	05/9
1. NAME OF DECEASED (Type or Print) ANNA K. MAR	TIN	2. DATE AND	1-18-67		7:00 A. M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4	. USUAL RESIDENCE (Where	deceosed lived. If insti	tution: residen	ce before admission)
FULL NAME OF (If not in hospital or institution, HOSPITAL OR oddress or location)		MD.			
INSTITUTION SOUTH BALTO.	GEN HOSP	BALTO.	ide city limits, write RU	RAL and give	township)
43 BALTO MD.			rol, give location) PRCEL 57		
FEMALE WIDOWE	D DIVORCED (enecify)			If Under 1 Yr Months Doys	
10A. USUAL OCCUPATION (Give kind of work 10 B, KIND OI	F BUSINESS OR INDUSTRY 11	BIRTHPLACE (Stole or foreign		12. CITIZEN CONTRACT	OF DUNTRY?
13. FATHER'S NAME		MOTHER'S MAIDEN NAM		HUNG.	
GEORGE KOVACH		CATHERINE			
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	INFORMANT	4418 PA		RESS
18.	CAUSE OF	SEO MARTIN	BACTO. 1	· · · · · · · · · · · · · · · · · · ·	VAL BETWEEN
DISEASE OR CONDITION DIRECTLY					T AND DEATH
LEADING TO DEATH	(A) Cere	bral acciden	t		
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		iosclerosis 8	k hpertens	ion	
ANTECEDENT CAUSES	(B)	***************************************	************************		
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.		tes mellitus	***********************************		######################################
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
198. CONDITION FOR WAS PERFORMED 218. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CON	SIDERED 1?
	PLACE OF INJURY (e.g., in one, form, foctory, street, office)	r obout 21 C. WHERE DID bldg., INJURY OCCUR?	(If in Boltimore C	lity, give exo	ct locotion)
S OF INJURY	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		= 7
22. I certify that (I) (this hospital) attended t		110	63 10	1 -	100 1 7
that (1) (we) last saw the deceased alive on	1-16	/	in(my) (our) opinio		Curred on the dote
and hour and from the couses stored above, (l) (We) (did) (did not) vie	w the body ofter death.			
23A. SIGNATURE	A 4 5 A 44 A			B. DATE SIG	NED
23C.PHYSICIANS Samuel Rut	M.D. Attendi	Med. Director P	hy s.	1/18/6	57
NAME (Type)	M.D.	203 E. Pats	psco Avenu	ie	
24A. BURIAL CREMATION, 24B. DATE 24C. N. REMOVAL (Specify)	AME of CEMETERY OF CREM.	ATOBALTIMONE, 10	MITON 21225.	town, or cour	(Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME C	OF REGISTRAR	25C. FUNERAL DIRECTOR	E HKUND.	EL C	DDRESS A
JAN 19 1967 (1920)	TE, JOHNSON HA	W PJALKOW	SKI Za	07 E	ASTERN KU

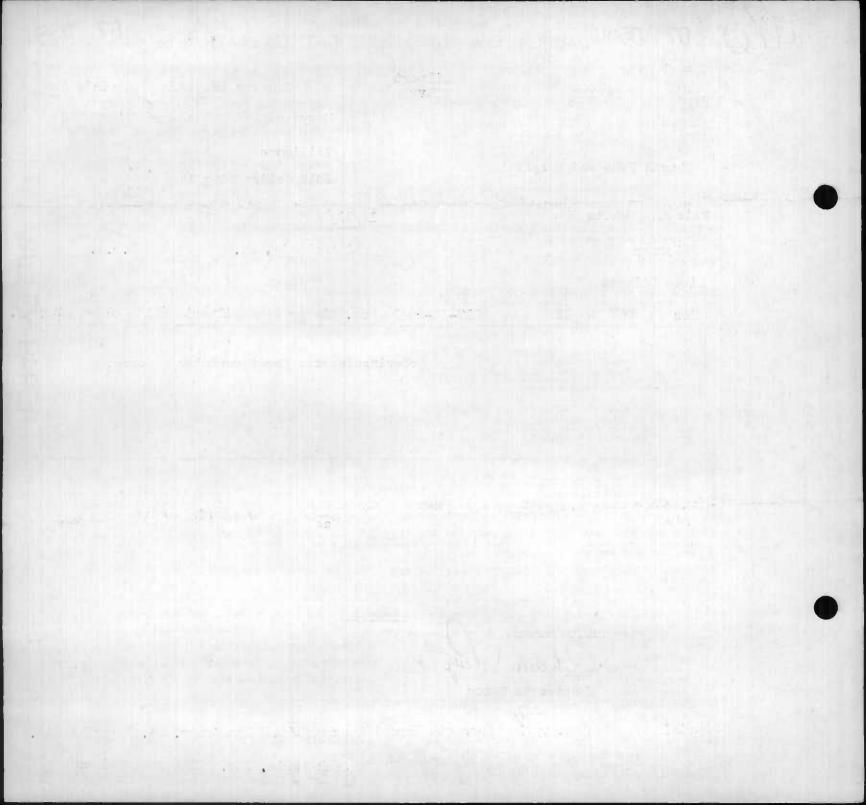
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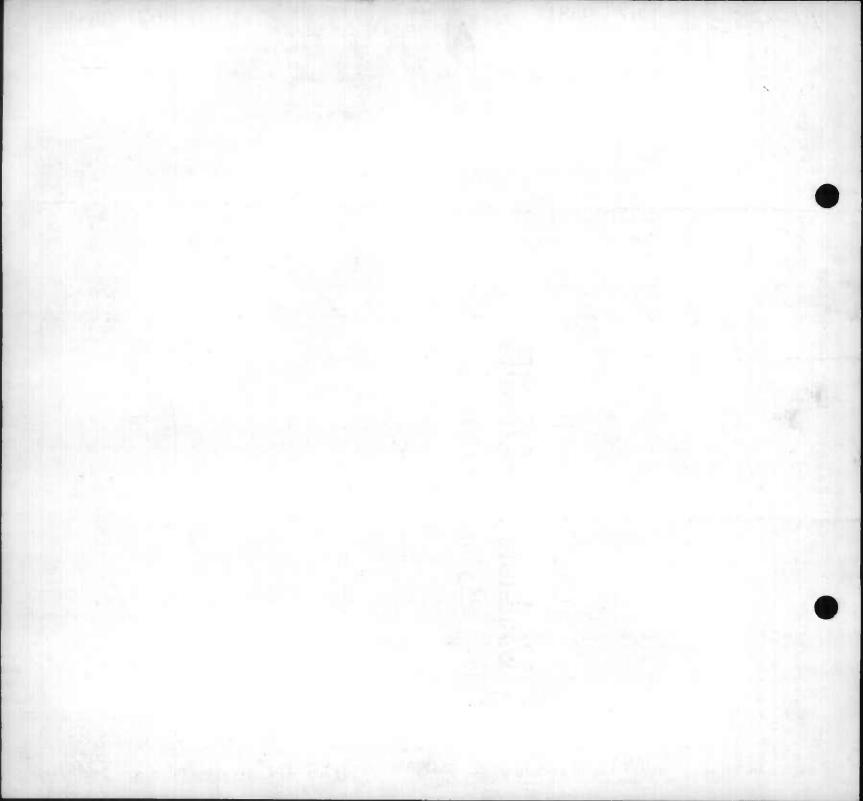


BALTIMORE CITY HEALTH DEPARTMENT

NAME OF DEC	EASED		Silvert		2. DATE AND	HOUR PRONOUNCE	D DEAD	
ype or Print)					Januar	y 18, 1967	3:30 A	
	MARTIN IMORE MARYLAND, W		Calculation of the Control of the Co	4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) A. STATE Maryland				
JLL NAME OF OSPITAL OR STITUTION	ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TO		corparate limits, write	RURAL and give township)	
Church	Home and Hos	spital		D. STREET ADD	ORESS (If rurol, g	ive locotion) n Ring Road		
SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIR		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr. Months Days Hours Min.	
Male	White				399	67		
ne during most of v	vorking life, even if retired)	108. KIND OI	BUSINESS OR INDUSTRY	WH			12. CITIZEN OF WHAT COUNTRY?	
	Salesman Philadelphia, Pa, U.S ATHER'S NAME 14. MOTHER'S MAIDEN NAME							
Cimon Ci	Trent			T	Inknown			
Simon Si	LIVETT	FORCES?	16. SO CIAL	17. INFORMANT			ADDRESS	
	DAV WW II		SECURITY NO. 217-22-0653	Mrs. Gla	dys Jean	Silvert 6	212 Golden Ring	
1	NTECEDENT CAUSE	_						
DISEASES RISE TO TH UNDERLYIN	OR CONDITIONS, IF A E ABOVE CAUSE (A) S' NG CONDITION LAST.	NY. GIVING	(B)(C)					
DISEASES RISE TO TH UNDERLYIN	OR CONDITIONS, IF A E ABOVE CAUSE (A) S'	CONTRIBUTE	(C)					
OTHER SIG TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF TH	OR CONDITIONS, IF A E ABOVE CAUSE (A) S' NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE	CONTRIBUTION TO	(C)	20A. AUTOPS	1	OB, IF YES, WERE FIN N CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH? Yes	
DISEASES RISE TO TH UNDERLYIN OTHER SIG TO THE DISEASE OF 19A. DATE OF 21 A. EXTERNA UNDERLYING UTING CAU	OR CONDITIONS, IF A E ABOVE CAUSE (A) S' NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING OPERATION [198, CON	CONTRIBUTION FOR FORMED	(C)	Yes	WHERE DID (II	N CERTIFYING CAUS	SES OF DEATH? Yes	
OTHER SIG TO THE DISEASE OF TO THE DISEASE OF THE D	OR CONDITIONS, IF A E ABOVE CAUSE (A) S' NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING OPERATION 198, CONWAS PER L CAUSE WAS	CONTRIBUTION FOR FORMED (Hous) (Hous)	(C) NG HE WHICH OPERATION PLACE OF INJURY (e.g., e., lorm, loctory, street, o	Yes in at about 21C. ffice bldg., INJU	WHERE DID (II	N CERTIFYING CAUS	SES OF DEATH? Yes	
OTHER SIG TO THE DISEASE O THE DISEASE O TO THE DISEASE O TO THE DISEASE O TO THE DISEASE O TO THE DISEASE OF T	OR CONDITIONS, IF A E ABOVE CAUSE (A) S' NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING OPERATION 19-B, CON WAS PER L CAUSE WAS OR CONTRIB- SE OF DEATH.	CONTRIBUTION FOR FORMED 218.	(C) NG THE WHICH OPERATION PLACE OF INJURY (e.g., e., lorm, loctory, street, or experiment to the control of the cont	Yes in al about 21C, iffice bldg, NJU 21F. I	WHERE DID (III RY OCCUR?	N CERTIFYING CAUS	ve exact location) Yes	
OTHER SIG TO THE DISEASE OF THE DISE	OR CONDITIONS, IF A E ABOVE CAUSE (A) S' NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING OPERATION 198, CONWAS PER L CAUSE WAS OF CONTRIB-SE OF DEATH. (Month) (Doy) (Yeo tify that I held an I ted fram: Natural cause L L L L L L L L L L L L L L L L L L L	CONTRIBUTION FOR FORMED 218.	WHICH OPERATION PLACE OF INJURY (e.g., or	Yes in all about 21C, iffice bldg. NJU 21F. I WHILE 21F. I ORK OPSY X 0 CHIEF ASSISTANT	WHERE DID (III RY OCCUR? HOW DID INJUI and that an this cide Un MEDICAL EXA	TY OCCUR? basis, death in mandetermined manner AMINER	ve exact location) Yes	
OTHER SIG TO THE DISEASE OF INJURY (APPROX.) DISEASE OF INJURY (APPROX.)	OR CONDITIONS, IF A E ABOVE CAUSE (A) S' NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING OPERATION 19-B. CON WAS PER L CAUSE WAS OF CONTRIB-SE OF DEATH. (Month) (Day) (Yeo tify that I held an I ted fram: Natural cause was contributed to the contr	CONTRIBUTION FOR FORMED 218.	WHICH OPERATION PLACE OF INJURY (e.g., lorm, loctory, street, or locker) PLE: INJURY OCCURRED WHILE AT NOT WORK Inspection Aut Accident Suicide M.D.	Yes in all about 21C, iffice bldg. NJU 21F. I WHILE 21F. I ORK OPSY X 0 CHIEF ASSISTANT	WHERE DID (III RY OCCUR? HOW DID INJUI and that an this cide U	TY OCCUR? basis, death in mandetermined manner AMINER	ye exact location) The state of the state o	
OTHER SIG TO THE DISEASE OF THE DISE	OR CONDITIONS, IF A E ABOVE CAUSE (A) S' NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING OPERATION 198. CON WAS PER L CAUSE WAS GOR CONTRIB- SE OF DEATH. (Month) (Day) (Yeo tify that I held an I ted fram: Natural ca L URE LER'S Type) Charle MATION, 238. DATE	CONTRIBUTION FOR FORMED CONTRIBUTION FOR FORMED 218. home etc., home etc.,	WHICH OPERATION PLACE OF INJURY (e.g., or	Yes in all about 21C, iffice bldg. INJU 21F. I WHILE ORK ASSISTANT ASSOCIATE CREMATORY	WHERE DID (III RY OCCUR? HOW DID INJUI and that an this cide Un MEDICAL EXA MEDICAL EXA MEDICAL EXA	RY OCCUR? basis, death in madetermined manner AMINER AMINER CATION (City,	DATE SIGNED 1/18/67	
DISEASES RISE TO TH UNDERLYING OTHER SIG TO THE DISEASE OF 19A. DATE OF 21A, EXTERNA UNDERLYING UTING CAU 21D TIME OF INJURY (APPROX.) 22. I cer resul ACTUA SIGNAT EXAMIN NAME (A. BURIAL CRE MOVAL (Specil BUTIA]	OR CONDITIONS, IF A E ABOVE CAUSE (A) S' NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING OPERATION 198. CON WAS PER L CAUSE WA	CONTRIBUTION FOR FORMED 218. home etc.) Inquiry uses X S S. Pe 1967 Ty 19 248, NAME	PLACE OF INJURY (e.g., lom, loctory, street, or low while at NOT WORK Inspection Automotive Suicide Accident Suicide M.D.	Yes in or obout 21C, iffice bldg. NJU 21F. I WHILE ORK CHIEF ASSISTANT ASSOCIATE CREMATORY 24C. FUNE	WHERE DID (III RY OCCUR? HOW DID INJUI and that an this cide Un MEDICAL EXA MEDICAL EXA MEDICAL EXA	N CERTIFYING CAUSE IN Boltimore City, given the control of the con	ye exact location) The second	

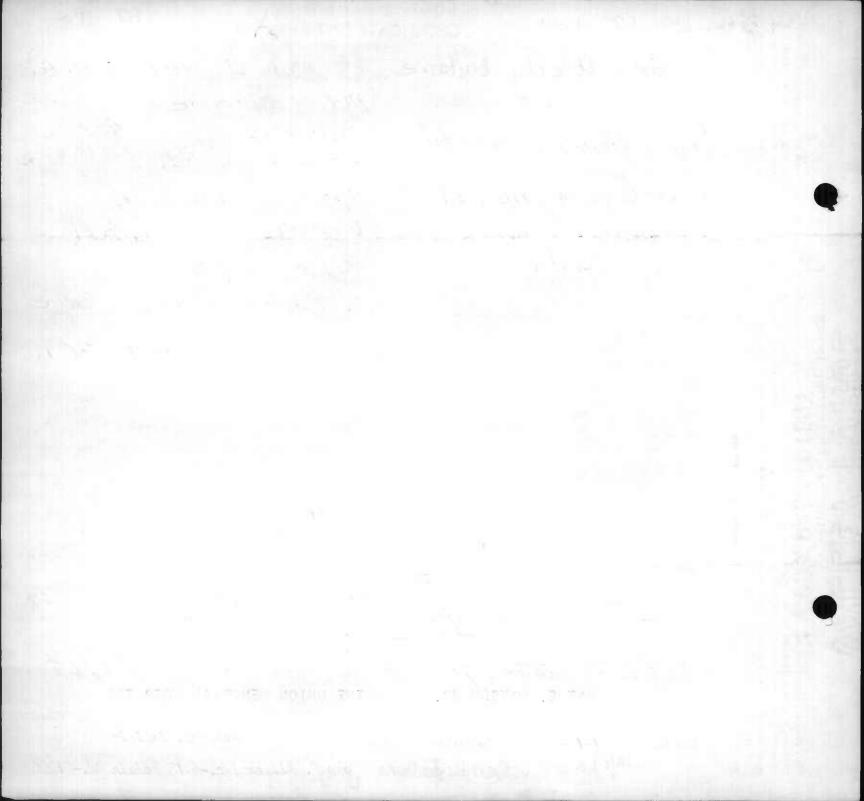
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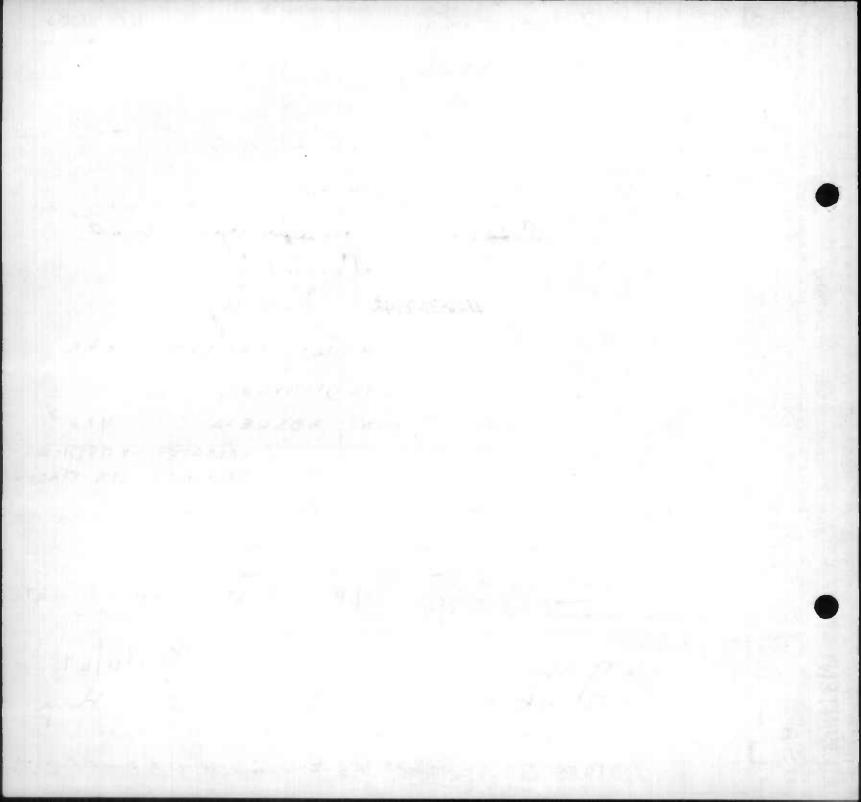


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	This certificate must be appraved by the chief medical examiner or his assistant if death accurre	the body was released to the hospital by a medical examiner. Also, if the direct or cantribu	shaws: (1) An accident af any nature; (2) Body burns; (3) A fracture af any kind; (4) Undetermine	was D.O.A. at a hospital (except where the physician wha pronaunced death was in regular	deceased prior ta death); and (6) Na physician was in regular attendance on the deceased p	written apprayal must be obtained befare the remains are embalmed or final dispasitian is made
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TA	ista	he	kind	dea	ee (nal
FUNERAL DIRECTOR: IMPORTANT	dss	if	Iny	ed	dan	or fi
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1 1 2 2	08 022	BALTIMORE CITY HEALTH	DEPARTMENT	6	יין חבסט
DET OF BIRTH	NO. 67 0582	CERTIFICATE O	F DEATH R	egistered No	7 0582
1.NA/	ME OF DECEASED OF PRINT CO DOY SHU UN ACE OF DEATH IN BALTIMORE, MARYLAND	Haire 4. USUA. STAT	2. DATE AND HO	7.1967	3130 A. M. residence before odmission)
HO HO	LL NAME OF (If not in hospital or institution, give oddress or location)	street C. CITY	d. Batt	imore ()	nd give township)
D	nion Memorial Hosp	-20	4 E. JOPK	give location) Rd.	er 1 Yr If Under 24 Hrs.
erminis ma	emale Caucasian Marris	vorced (specify)		unity) 12, CI	PIZEN OF
Dud To Und	Housewife Homen	CO/C	MATTERS MAIDEN NAME	Ü	5,4
= - 10 = 0 13. W	Deceased Ever in U. S. Armed Forces? o or unknown) (If yes, give wor or dates of service)	SOCIAL 17. INFO	Hie Wi Charles	WHOLE	ADDRESS
lso, lafar afar unce tend ed o	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	Or ISS	N Macidon	INTERVAL BETWEEN ONSET AND DEATH
1 0 1 0 h	This does not mean the made of dying, e.g., earl failure, asthenia, etc. It means the disease, njury ar camplication which caused death.) ANTECEDENT CAUSES	(B) DUE TO			
why who	DISEASES OR CONDITIONS, if any, giving se la lhe abave cause (A) stating the INDERLYING CONDITION last.	(C)	######################################		
m ho	THER SIGNIFICANT CONDITIONS CONTRIBUTING O THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
sicision 19	A. DATE OF OPERATION 198. CONDITION FOR WHICH	CH OPERATION 20A.	AUTOPSY? (Yes or No) 20B	LIF YES, WERE FINDING CERTIFYING CAUSES OF	S CONSIDERED DEATH?
y the ital ital Na p Na p befe	R CONTRIBUTING CAUSE OF home, for etc.)	CE OF INJURY (e.g., in or about orm, factory, street, office bldg.,	ZIC. WHERE DID INJURY OCCUR?	((f in Boltimore City, g	ve exact location)
hos hos natured (6)	FINJURY APPROX.) While A Work	At Work	21F. HOW DID INJURY		
app to the	2. I certify that (1) (this hospital) attended the d not (1) (we) last sow the deceosed olive on	1/16 19	67 ond that in	(my) (our) opinian de	ath occurred an the dote
a condense of the condense of	A. SIGNATURE Mate Watson, y	M.D. Altending Phys.	Med. Stoff Phys.	1	17/67
wa wa Ar o Ar o Pri	NATE. WATSON,	of CEMETERY OF CREMATORY		RIAL HOSPI	
Pod of the	Burial 1-19-67 River		24D. LOCAT	chmond. Virgi	
	DATE REC'D BY HEALTH DEPT. 258, NAME OF RI	E. Farluma Joi		nc6415 Belo	ir Rd21206



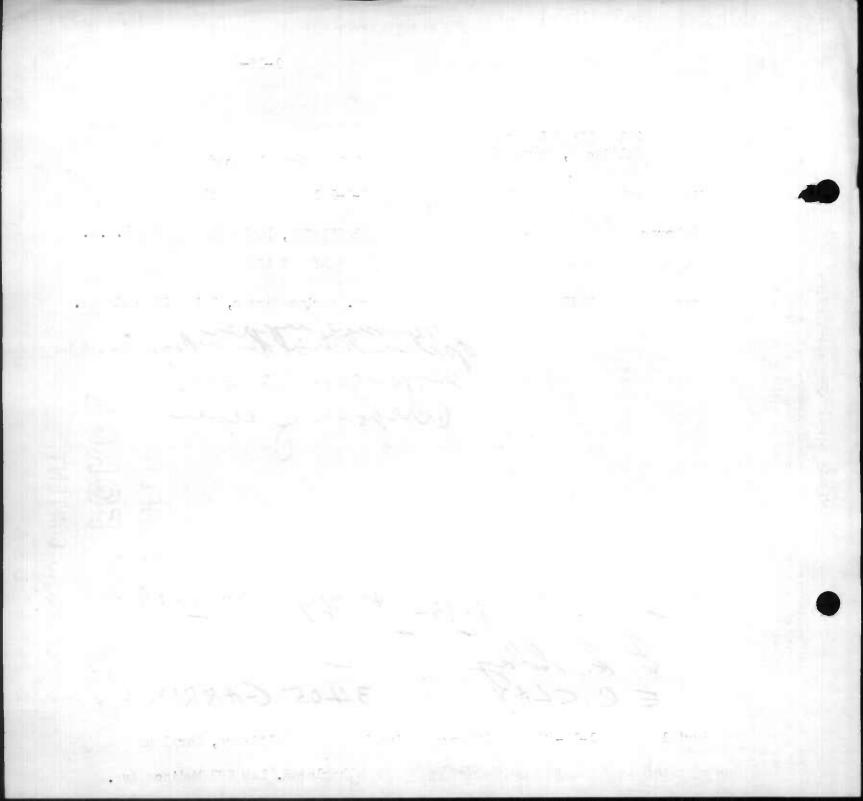
(2)67 0583	BALTIMORE CITY HEALTH DEPARTMEN		67 0583
M.E. CASE NO.	CERTIFICATE OF DEAT	11	
1. NAME OF DECEASED (Type or Print) TAMES 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	TER YOU 1.	-11-67	1.15 A M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE	(Where deceased lived, If institut COUNTY	lion; residence before admission)
FULL NAME OF (If not in hospital or institution, give oddress or location)		(II outside city limits, write KUR)	L ond give township)
THE JOHNS HOPKINS HOS	SPITAL BALTIMORE		-05
33	D. STREET ADDRESS BI	ROADWAY	
MALE NEGRO 7. MARRIED, NEGRO	EVER MARRIED DIVORCED (specify) 8. DATE OF BIRTH 1-11-28	9. AGE (In years If Mo	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BL	ISINESS OR INDUSTRY 11. BIRTHPLACE (Stote o	r foreign country) 12	CITIZEN OF WHAT COUNTRY?
Ster	er misse	ssiffe 1	LSO
JAKE PORTER	14. MOTHER'S MA IN	NAME	
5. Was Deceased Ever in U. S. Armed Forces?	5. SOCIAL 17. INFORMANT	- 1	ADDRESS
(Yes, no or unknown) (II yes, give wor or dotes of service)	SECURITY NO.	mily	
18. 22 X I	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	cooding	ARREST	1 / 8
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It meons the disease,	SAIT RAS (A)	HIII E - 1	W 00 0 00 00 00 00 00 00 00 00 00 00 00
injury ar complication which caused death.)	CARDIONE	EGGIV	
DISEASES OR CONDITIONS, if any, giving	502 10	1	3
rise to the obave couse (A) stating the UNDERLYING CONDITION tost.	(C) LUNG ABS	2232	YRS
II II		RELEASED	PA LEDICAL
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		/EXAMINER	
19A. DATE OF OPERATION 198. CONDITION FOR WH	ICH OPERATION 20A. AUTOPSY? (Yes		INGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING 21B. PL	ACE OF INJURY (e.g., in or obout 21 C. WHERE D	OID (If in Boltimore Cit	ty, give exact location)
DEATH (notify medical examiner) etc.)	ACE OF INJURY (e.g., in or obout 21C. WHERE D lorm, foctory, street, office bldg., INJURY OCCU	J R?	11.15
W OF INTITRY		D INJURY OCCUR?	
(APPROX.) While Work	At Work	Process	
22. I certify that (I) (this bosnital) attended the			19.61
that (1) (wee) last saw the deceased alive an		nd that in (my) (aur) apiniar	n death accurred an the date
and haur and from the causes stated above. (1) (23A. SIGNATURE	We) (drd) (did nat) view the bady after de		B, DATE SIGNED
: Win 2	M.D. Attending Med. Director	Stoff Phys.	111167
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS		
S. MISHKIN	M.D.	whole an	male a
24A. BURIAL CREMATION, 24B. DATE 24C. NAN REMOVAL (Specily)		a, a, Co., 7	own, or county) (lote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF			
	REGISTRAR 25C. FUNERAL DIRE	CTOR	ADDRESS
JAN 19 1967 12 2. 1	REGISTRAR 25C. FUNERAL DIRE	CTOR League, 1701-03 N	Bond H. Breto., m.



VS 150-REV. 1/1/65

	OH DEOA	BALTIMORE CITY	HEALTH DEPARTMENT		CM OFOA				
4	вити но. 67 0584	CERTIFICA	TE OF DEATH	Registered Na	67 0584				
	M.E. CASE NO. 1. NAME OF DECEASED	OEKTII TO		D HOUR OF DEATH					
	(Type or Print) REMUS ADAMS MATT	סודיופ	1-15						
	3. PLACE OF DEATH IN BALTIMORE MARYLAND	.HEWS			M.				
			A. STATE B. COUNT	Y					
	FULL NAME OF (If not in hospital or institution HOSPITAL OR address or location)	on, give street	MARYLAND						
	INSTITUTION			side city limits, write RL	JRAL and give (ownship)				
11	2810 Allendale Ros	id	D. STREET ADDRESS (If rurol, give location)						
.	Baltimore, Marylan	nd							
qe		ED, NEVER MARRIED	8. DATE OF BIRTH	AGE (In years	If Under 1 Yr., If Under 24 His.				
mad	WIDO	WED, DIVORCED (specify)		ost birthdoy)	Month's Doys Hours Min.				
10	MALE COLORED DIV	ORCED	2-3-1914	52	12, CITIZEN OF				
	done during most of working life, even if retired)	or sourcess or invocation	The state of the state of total g	gii coomy,	WHAT COUNTRY?				
Ĕ II	Laborer		BALTIMORE, MAI	RYLAND	U.S.A.				
900	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	Col File					
disposition	REMUS MATTHEWS		SADIE WILLIA	AMS					
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL e) SECURITY NO.	17. INFORMANT		ADDRESS				
final	yes WWLL	SECORITI NO.	Mrs. Marion Warr	er. 2810 Al	O Allendale Rd.				
	18,	CAUSE O	Mrs. Marion Warner, 2810 Allendale Rd.						
0	DISEASE OR CONDITION DIRECTLY Massigned The Cause of Death ONSET AND E ONSET AND E								
Jec	LEADING TO DEATH Sastionalling Generalog Lew Non								
balmed	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,								
bo	injury or complication which caused death,)	" STAN	rgen va	rices					
E 3	ANTECEDENT CAUSES	(B) DUE TO		//					
are	DISEASES OR CONDITIONS, if any, giv	ing (IIN	finals of	lever					
	rise to the above couse (A) stating UNDERLYING CONDITION last.	The Co	-1792 - 1 CL CCC -						
-E	11								
E	O OTHER SIGNIFICANT CONDITIONS CONTRIBUT								
5	TO THE DEATH BUT NOT RELATED TO	THE							
the remains	19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED				
0	<u>~</u>			CERTITION CAO	JEJ OF DEATH.				
before	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o		(If in Boltimore	City, give exact location)				
pe	DEATH (notify medical examiner)	etc.)							
Pa	W OF INTITION	21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?					
ained	(APPROX)	While At Not Whi At Work							
bte	22. I certify that (I) (this hespital) attende		7	266 to 1-1	15 - 1967.				
0		1. 1/-	11 -7		/				
0		that (1) (wer) last saw the deceased alive an							
must	23A. SIGNATURE	(1) (me) (ala) (ma-nor)	view the body after death.		23B. DATE SIGNED				
	J L LL	M.D. All	ending Med.	Stoff	1-10/7				
0	23C. PHYSICIAN'S	Phy	23D. ADDRESS	Phys.	1-18-61				
0	NAME (Type)		3/105 6	FARRIS	TON RI-VID				
approval	CALL BUREAU CERNALION COST	M.D.	77030	//////	CIV PLUD,				
	24A. BURIAL CREMATION, 24B. DATE 24C	NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (City	, town, or county) (State)				
te		Baltimore Nation	nal Balti	imore, Maryl	and				
written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAN	E OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS				
3	JAN 19 1967 Occub	R. Allender	Charles R. La	w 802 Madis	on Ave.				

Charles R. Jaw 802 Madison Ave.

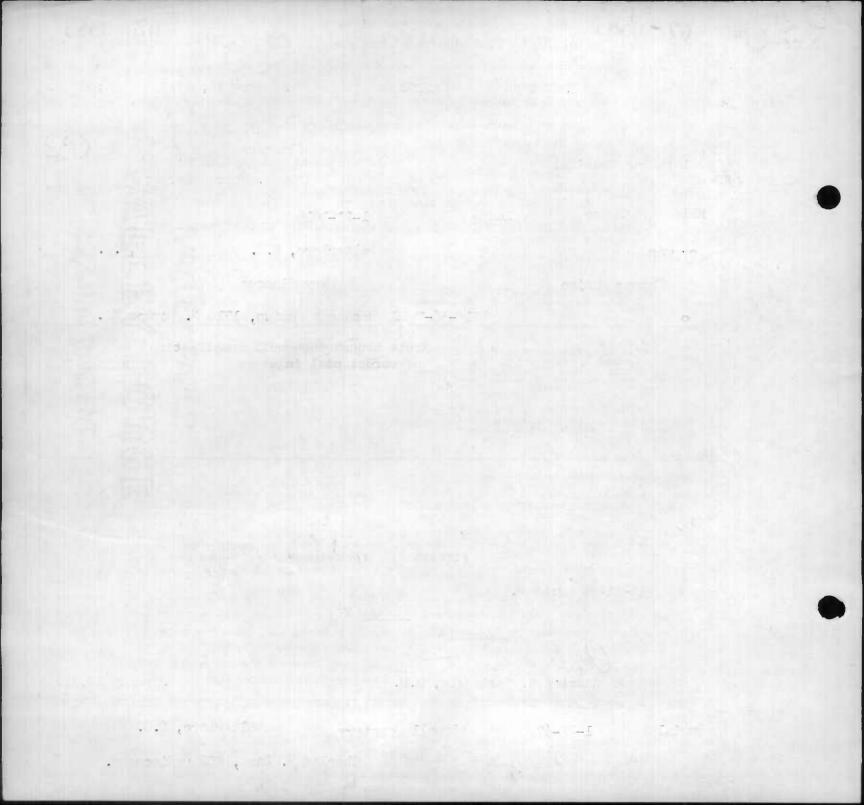


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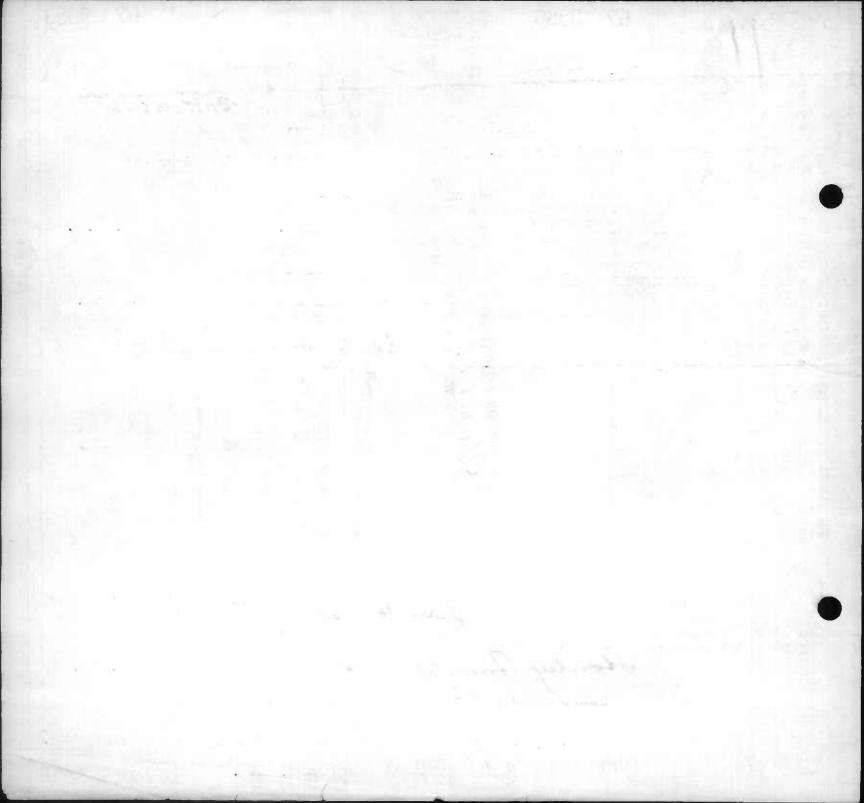
MEDICAL	EXAMINER'S	CERTIFICATE (OF	DEATH Registered N
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M.E. CASE NO.					
1. NAME OF DECEASED (Type or Print)	A PRITA DE	MANTOO		2. DATE AND HOUR PRONOUN	
	ATHAN	MANIGO		January 16, 19	(71.
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD			n stitution: residence before odmission) OUNTY
FULL NAME OF (IF NOT IN HOSPIT.	AL OR INSTIT	UTION, GIVE STREET		Maryland	Car Bilbal and Car I a
HOSPITAL OR ADDRESS OR LOCA	ATION)			VN (If outside corporate limits, v	The KUKAL and give township)
//				Baltimore	1-02
Lutheran Hospital				RESS (If rurol, give location)	
~	T=		11	1714 N. Monroe St	
5. SEX 6. RACE		, NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	lost birthdoy)	Months Doys Hours Min.
Male Negro 10A. USUAL OCCUPATION (Give kind of world)	Marry	ned	1-21-191	19 47	
tOA. USUAL OCCUPATION (Give kind of war done during most of working life, even if retired)	NOB. KIND O	F BUSINESS OR INDUSTR	11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Foreman 3. FATHERS NAME			Walterbon	co. S.C.	U.S.A.
3. FATHER'S NAME			14. MOTHER'S M.	AIDEN NAME	
Thomas Manigo			Mam	Simmons	
Thomas Manigo 15. WAS DECEASED EVER IN U.S. ARMED Yes, no or unknown, (If yes, give wor or dote	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	S OF SCIVICE	214-56-7608	Hezeheah	Manigo, 1710 N.	Monroe St.
18, 5010 44			OF DEATH	Tamego, 1110 M	INTERVAL BETWEEN
E 8/2. TI				eumonia complicat	ONICET AND DEATH
DISEASE OR CONDITION DI					Ling
(This does not meon the mode of heart foilure, osthenio, etc. It meons		DUE TO	procranial	Injuries	
injury or complication which caused	deoth.)				
DISEASES OR CONDITIONS, IF A		(B)			
RISE TO THE ABOVE CAUSE (A) S	TATING THE	DUE TO			1977
UNDERLYING CONDITION LAST.		(C)			
<u>ē</u>					
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTI	NG			
TO THE DEATH BUT NOT RE		THE			
19A. DATE OF OPERATION 19B. CON	IDITION FOR	WHICH OPERATION	20A. AUTOPSY	(Yes of No) 20B. IF YES, WERE	
WAS PER	FORMED		Yes	S IN CERTIFYING CA	AUSES OF DEATH?
21A. EXTERNAL CAUSE WAS	21 B.	PLACE OF INJURY (e.g., e, form, foctory, street,	in or obout 21 C. W	HERE DID (If in Boltimore City,	, give exoct location)
UNDERLYING OR CONTRIB-	home	e, form, foctory, street, street			15=0
21D TIME (Month) (Doy) (Yeo	r) (Hour) :	21E. INJURY OCCURRED	MO	nroe and Pressbur	cy Street
OF INJURY			WHII 6-	OW DID INJURY OCCUR? F	ell when pushed
	45 P. m.	WORK AT W	WHILE X	by car	
22. I certify that I held on I	nquiry 🗌	Inspection Au	topsy X one	I that on this basis, death in	n my opinion
resulted from: Natural co		Accident X Suicid			
124 1	~	Cordent M. Soreia	_		
ACTUAL // 8	1	, ,		EDICAL EXAMINER	DATE SIGNED
SIGNATURE MANUE	· v. 9	M.D		EDICAL EXAMINER X	
NAME (Type)	S. Spr	ingate, M.D.	ASSOCIATE M	EDICAL EXAMINER	January 16, 1967
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23	C. NAME of CEMETERY	OF CREMATORY		City, town, or county) (Stote)
Burial 1-22-6		Aimwell Cer	metery	Walterboro,	
24A. DATE REC'D BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR	ADDRESS
JAN 19 1967	Or Pres 1	FE. FarleyMA	Charle	s R. Law , 802 Ma	dison Ag.
V\$ 151-DEV 1/1/45	1	700		6	



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1 -	proved by the chief medical examiner or his assistant if death occurred in a hospital and whe hospital by a medical examiner. Also, if the direct or contributing cause of death	3	PIN
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
	S	3 0	0:
	H P	20	0
	This certificate must be appute the body was released to the	w ≥	deceased prior to death); and (6) No physician was in regular attendance on the deceased pr

LIVE	AME OF DECEASED			2. DATE	AND HOUR OF DEAT	н
	pe or Printl Smith	Rose A	nn	Jar.	uary 18th 19	967 3:03 A
3. 1	Smith	TIMORE, MA	RYLAND	4. USUAL RESIDENCE	Vhere deceased lived. If	institution: residence before admis
					12 / 2	· Can
- 1	HOSPITAL OR oddre	it in hospital a	or institution, give street	Maryland	outside city limits with	RURAL ond give township)
- 1	Saint A	anas Ho	cnital	Baltimore		53-00
	110 Caton &	Malles no	SULUAL	D. STREET ADDRESS	(If rurol, give location)	
	7 Caton &	MITKEL	s Aves. 2129	914 Imperial	Court Riv	verview
5. 5	-		7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24
	F W		widowed (specify)	12-31-01	lost birthdoy)	Months Doys Hours Mi
10À	USUAL OCCUPATION (GI	ve kind of work	108. KIND OF BUSINESS OR INDUSTRY		foreign country)	12. CITIZEN OF
don	e during most of working lile, e	ven if retired)	own home	Penna.		WHAT COUNTRY?
10			V 44 12 110 1110			U. J. A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
	Cornelius S	Sweene	V			
15. Y	Was Deceased Ever in U. s, no or unknown) (II yes, give	S. Armed Ford	es? . 16. SOCIAL	17. INFORMANT		ADDRESS
	NO		s of service): SECURITY NO. 220-30-4044	1 Charles 3	mith 5721	Kavon ave. 6
_	18.4 20.1		S CAUSE C	OF DEATH		INTERVAL BETWEEN
		NT CAUSES	ony, giving 3	a.s.c.		
CATION	ANTECEDED DISEASES OR CONDITION TISE TO THE OBOVE UNDERLYING CONDITION OTHER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION	TIONS, if couse (A) ON lost. I NOT RELA CAUSING I	ONTRIBUTION TO THE STATE OF THE			
ERTIFIC	ANTECEDER DISEASES OR CONDITION TISE TO THE OBOVE UNDERLYING CONDITION TO THE DEATH BUT DISEASE OR CONDITION TO ATE OF OPERATION	TIONS, jf (couse (A) ON lost. NOT RELATED TO THE CAUSING IT (CAUSING IT (CAUS	ONTRIBUTION OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WER	E FINDINGS CONSIDERED
ICAL CERTIFIC	DISEASES OR CONDITION TISE TO THE OBOVE OTHER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION 1904. DATE OF OPERATION 21A. ACCIDENT WAS UN OR CONTRIBUTING CA DEATH (notify medical ex-	TIONS, if couse (A) ON lost. NOT RELA CAUSING I 198. CON WAS PERF	ONTRIBUTION OPERATION	20 A. AUTOPSY? (Yes of	No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED
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ICAL CERTIFIC	ANTECEDEI DISEASES OR CONDITI rise lo lhe obove UNDERLYING CONDITI OTHER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UN OR CONTRIBUTING CA DEATH (notify medical ex-	TIONS, if couse (A) ON lost. NOT RELA CAUSING I 198. CON WAS PERF	ONTRIBUTED ONTRIB	in or obout 21C. WHERE DID	No) 20B, IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED
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DICAL CERTIFIC	ANTECEDED DISEASES OR CONDITION TISE TO THE OBOVE UNDERLYING CONDITION OTHER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UN OR CONTRIBUTING CA DEATH (notify medical ex-	NT CAUSES TIONS, if couse (A) ON lost. INDITIONS C NOT RELA CAUSING I' NOS PERF (DERLYING USE OF cominer) Doy) (Year)	ONTRIBUTION ONTRIBUTION ONTRIBUTION TED TO HE	20A. AUTOPSY? (Yes on in or obout 21C. WHERE DIT office bidg., INJURY OCCUR	No. 20B. IF YES, WER IN CERTIFYING CO. (If in Boltim)? INJURY OCCUR?	E FINDINGS CONSIDERED CAUSES OF DEATH?
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DICAL CERTIFIC	ANTECEDED DISEASES OR CONDITION TISE TO THE OBOVE UNDERLYING CONDITION OTHER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UN OR CONTRIBUTING CA DEATH (notify medical ex-	NT CAUSES TIONS, if couse (A) ON lost. INDITIONS C NOT RELA CAUSING I' NOS PERF (DERLYING USE OF cominer) Doy) (Year)	ONTRIBUTION ONTRI	20A. AUTOPSY? (Yes on in or obout 21C. WHERE DID office bldg., INJURY OCCUR 21F. HOW DID ite 1962 and over the body after dea	No) 20B. IF YES, WER IN CERTIFYING CO. (If in Boltim)? INJURY OCCUR? 19 6 1 ta	Jan 196.
DICAL CERTIFIC	ANTECEDED DISEASES OR CONDITION TISE TO THE OBOVE UNDERLYING CONDITION OTHER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UN OR CONTRIBUTING CA DEATH (notify medical exc 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (the observation of the observation of	NT CAUSES TIONS, if couse (A) ON lost. INDITIONS C NOT RELA CAUSING I' NOS PERF (DERLYING USE OF cominer) Doy) (Year)	ONTRIBUTION ONTRIBUTION ONTRIBUTION ONTRIBUTION ORMED 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At North At Work Ottended the deceased from and olive an ed obove. (I) (We) (did) (did not)	20A. AUTOPSY? (Yes on in or obout 21C. WHERE DII office bldg., INJURY OCCUR 21F. HOW DID ite items the body after deatending Med. Director Care	No. 20B. IF YES, WER IN CERTIFYING CO. (If in Boltim)? INJURY OCCUR?	Jan 18 196
DICAL CERTIFIC	ANTECEDEI DISEASES OR CONDITION TISE IO THE OBOVE UNDERLYING CONDITION OTHER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UN OR CONTRIBUTING CA DEATH (notify medical exc 21D. TIME (Month) (OF INJURY (APPROX.) 22. I certify that (I) (the that (I) (we) lost saw that and hour and from the 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	NT CAUSES TIONS, if couse (A) ON lost. INDITIONS C NOT RELA CAUSING I' NOT RELA CAUSI	ONTRIBUTION ONTRIBUTION ONTRIBUTION ONTRIBUTION ORMED 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At North At Work) ottended the deceased from	20A. AUTOPSY? (Yes on in or obout 21C. WHERE DII office bldg., INJURY OCCUR 21F. HOW DID ile 21F. DIRECTOR DIRECT	No) 20B. IF YES, WER IN CERTIFYING CO. ? (If in Boltim Phys. — 19 & 4 — 10 — 10 — 10 — 10 — 10 — 10 — 10 —	Jan 196.
MEDICAL CERTIFIC	ANTECEDEI DISEASES OR CONDITION TISE IO THE OBOVE UNDERLYING CONDITION OTHER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION 19A-DATE OF OPERATION OR CONTRIBUTING CA DEATH (notify medicol exc 21D. TIME (Month) (APPROX.) 22. I certify that (I) (the that (I) (we) lost saw that and hour and from the 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 12	NT CAUSES TIONS, if couse (A) ON lost. INDITIONS C NOT RELA CAUSING I VIEW COUSE OF DOWN (Year) This hospital The decease Couses state The course of the couse of the couses state The course of the couse of the couses state The course of the couse of the couse of the couses state The couse of t	ONTRIBUTION ONTRIBUTION ONTRIBUTION TED TO HE T. DITION OR MANUCH OPERATION ORMED 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) While At North Manual Nort	20A. AUTOPSY? (Yes on in or obout 21C. WHERE DIT office bldg., INJURY OCCUR 21F. HOW DID ite 1962 and oview the body after dea tending Med. Director 123D, ADDRESS 1101 Maide	No) 20B. IF YES, WER IN CERTIFYING CO. (If in Boltim INJURY OCCUR? 19 6 ta	Jan. 18, 196
MEDICAL CERTIFIC	ANTECEDED DISEASES OR CONDITION TISE TO THE OBOVE UNDERLYING CONDITION OTHER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UN OR CONTRIBUTING CA DEATH (notify medical ex- 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (the condition of the condition of	NT CAUSES TIONS, if couse (A) ON lost. INDITIONS C NOT RELA CAUSING I VIEW COUSE OF DOWN (Year) This hospital The decease Couses state The course of the couse of the couses state The course of the couse of the couses state The course of the couse of the couse of the couses state The couse of t	ONTRIBUTION ONTRIBUTION ONTRIBUTION ONTRIBUTION ORMED 218 PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E INJURY OCCURRED While At North At Work Ottended the deceased from and olive an ed obove. (I) (We) (did) (did not) A.D. Attended the deceased from and olive an ed obove. (I) (We) (did) (did not) A.D. Attended the deceased from and olive an ed obove. (I) (We) (did) (did not)	20A. AUTOPSY? (Yes on in or obout 21C. WHERE DII office bidg., INJURY OCCUR 21F. HOW DID ite	No) 20B. IF YES, WER IN CERTIFYING CO. (If in Boltim INJURY OCCUR? 19 6 ta	Jan. 18, 196



			BALTIMORE CITY	HEALTH DEPARTMENT		AND DECIN
BIRTH NO, M.E. CASE N	67 058	7	CERTIFICA	TE OF DEATH	Registered No.	67 0587
1, NAME OF	DECEASED			2, DATE AT	ND HOUR OF DEATH	11
	PERKY E	E. WALTO	N	PAY	115,196	7 1 6
3. PLACE OF	DEATH IN BALTIMORE, M			4. USUAL RESIDENCE (Who A. STATE B. COUR		stitutian: residence before admissi
HOSPITAL	OR (If not in hospite oddress or locate	al ar instituti an, gr ion)	ve street	C. CITY OR TOWN (If au	1 1 1 - 1 1 1 - 1 1 1 1 1 1 1 1 1 1 1 1	4-01
INSTITUTIO				H and the second second	itside city limits, white	KOKA/L and give lawnship)
				BALTIMORE D. STREET ADDRESS (IF	rurol, give location)	
00) 221 N. Fren	ont Arro	m110			
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 I
F.		WIDOWED,	DIVORCED (specify)		last birthdoy)	Manth's Doys Haurs Min
	N.	WIDOW		Feb-22-1898	68	10 0171771 00
done during me	IA. USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUS one during most of working life, even if retired)				,	12. CITIZEN OF WHAT COUNTRY?
RET	TRED			A.A.CO., MA	RYLAND	U.S.A.
3. FATHER'S	NAME			14. MOTHER'S MAIDEN NA	ME	
CHA	RLIE QUEEN			MARY LIZ	A CHAMBERS	
15. Wes Dece	nown) (II yes, give wor or do	orces?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	ino with the year, give wor or or	, de di delivicer	JECOKIII NO.	Mrs Frolin	Diah 701	1/2 T = 7 - 01
1B. defin	7 7 1 1		CAUSE C	OF DEATH	KICH /21	W. Lanvale St
10	K 0	W. D. T. O. D. W.				ONSET AND DEATH
U	SEASE OR CONDITION DEAT		C31811	11 - 27 EN 6	dies	WILL THE
(This do	es not mean the mode	of dying, e.g.,	DUE TO	OUSEMJE.	F 4 (7 C O	36 00) 36
heart fai	lure, osthenia, etc. Il mea	ns the disease,				
injury of	complication which cause		(8)			
	ANTECEDENT CAUS	E 5	DUE TO		40-30 40 40-40-40-40-40-40 40-series an an environment annual an annual an annual an annual Africani	
	ES OR CONDITIONS, if the above cause (A		.01			
	YING CONDITION lost.	a siding the	(C)			
					:	
E TO TH	SIGNIFICANT CONDITIONS E DEATH BUT NOT RE	LATED TO THE				
U 194 DAT	E OF OPERATION 198. CO		HICH OPERATION	20A. AUTOPSY? (Yes ar N	a) 20R IF YES WEDE	EINDINGS CONSIDERED
19A. DAT		ERFORMED	men orekanon	2010/31:1103 01 11	IN CERTIFYING CA	USES OF DEATH?
OR CON	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF	21 B, 1	LACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimor	e City, give exact location)
▼ DEATH (notify medical examiner	etc.)				
OF INJU	E (Manth) (Doy) (Yea	r) (Haur) 21 E.	INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
OF INJU		Whil				
		Wark			7	10 10
22. 1 ce	rtify that (1) (this hospit	al) attended the	deceased from	8-17 1	196 10 5	N 15 1967
that (1)	(we) lost saw the decea	sed alive an	Jan 5	19.6 7 and th	nat in (my) (aur) opi	nfon death accurred on the
and hou	r and from the causes st	ated abave. (I)	(We) (did) (did nat)	view the bady after death.		
23A. SIGN	NATURE		4			23 B, DATE SIGNED
V	elem 3	Aug	M.D. Att	rending Med. Director	Stoff Phys.	1/18/07
23 C. PHY	SICIAN'S AE (Type)			23D. ADDRESS	JIN 141	re torz
W	1 Work	7 NA3	4 1 1 M.D.	3/7:01/48	1	
24A. BURIAL	CREMATION, 24B. DATE	24C. NA	ME of CEMETERY OF CR	EMATORY 24D. 1	OCATION (C	ity, tawn, ar county) (State
	'AL (Specily)					,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

VS 150-REV. 1/1/65

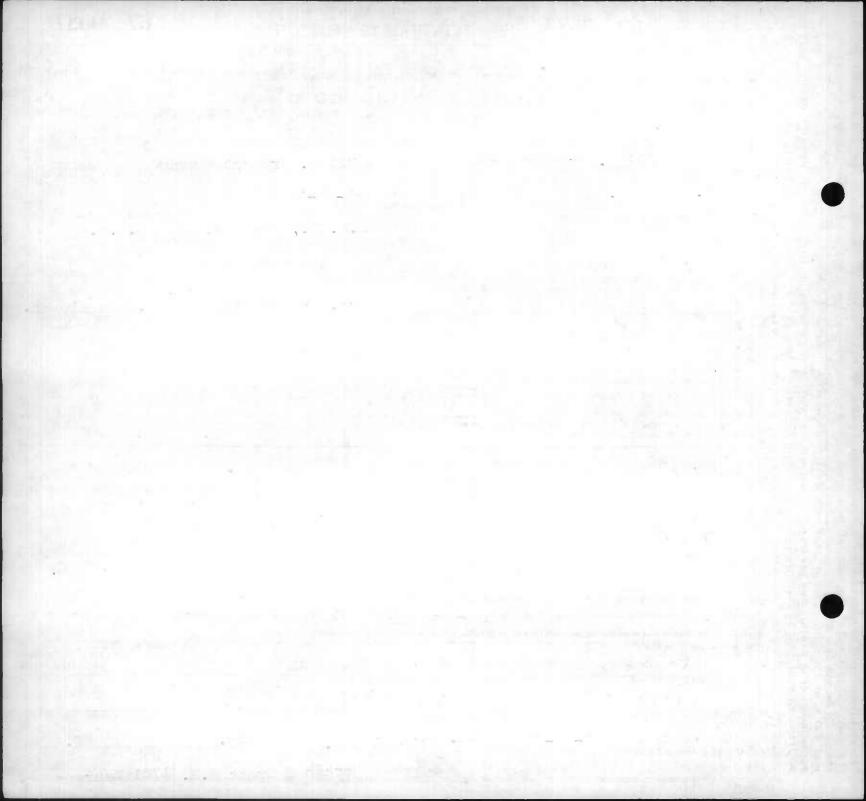
Balto.

Md.

BURIAL 1-19-67 Balto National
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR

Cem Ba

1701 Laurens St.

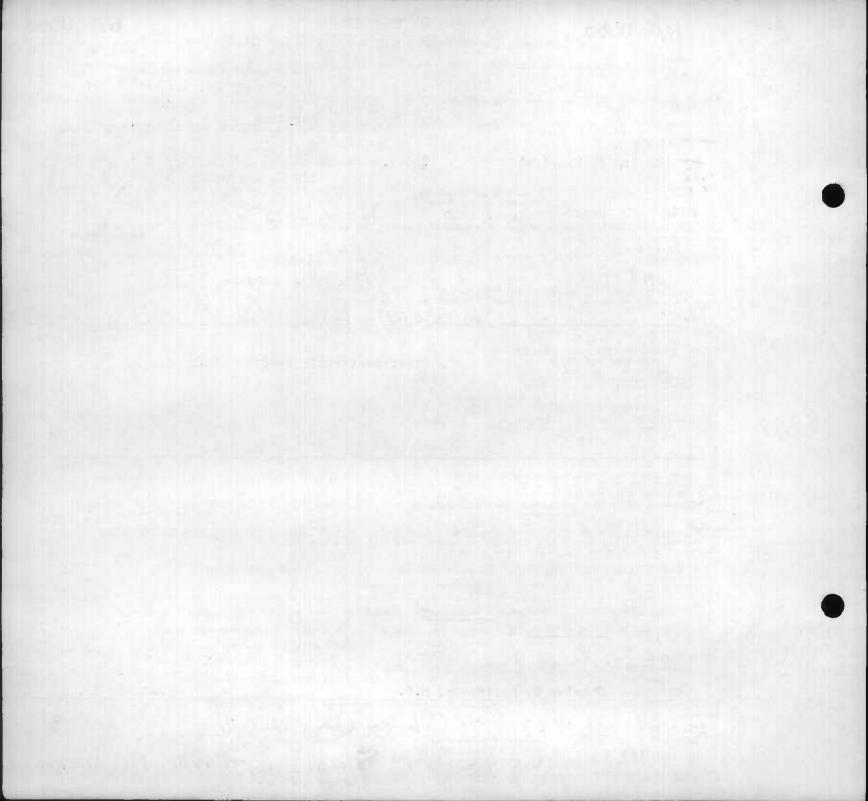


67 0588 BALTIMORE CITY HEAL	
BIRTH NO. MEDICAL EXAMINER'S CE	RTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
REED GROSS	January 12, 1967 7:30 P _{M.}
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
HOSPITAL OR ADDRESS OR LOCATION)	C. CITT OR TOWN (If obliside corporate limits, write ROAL) and give township)
University Hospital (DOA).	Baltimore D. STREET ADDRESS (If rurol, give locotion)
Oniversity Hospital (DOA).	119 N. Carrollton Street
5. ŞEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs.
WIDO WED, DIVORCED (specify)	last birthday) Months, Doys, Hours, Min.
Male Negro Widowed	Jan 4, 1895 72
10A. USUAL OCCUPATION (Give kind of work) 0B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Keticed	UNR.
13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNIT	MARTHA LYLL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
NO 213-26-6764	MR. HEThur Horams 1216W. Lexington 8
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	osclerotic cardiovascular disease
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. Date of operation 198. Condition for which operation	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?
Z1A. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- 218. PLACE OF INJURY (e.g., i home, form, foctory, street, of	The standard Williams DID (16 to Date of the standard of the s
UTING CAUSE OF DEATH.	n or obout 21C. WHERE DID (If in Boltimore City, give exact location) injury occur?
UTING CAUSE OF DEATH. 21 D TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT V	21F. HOW DID INJURY OCCUR?
UTING CAUSE OF DEATH. etc.) To Time (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED OF INJURY (APPROX.)	21F. HOW DID INJURY OCCUR?
UTING CAUSE OF DEATH. etc.) 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 10F INJURY (APPROX.) m. WORK NOT V WORK AT WO. NOT V WORK NOT V WORK AT WO. NOT V WORK NO	YHILE and that an this basis, death in my apinian
UTING CAUSE OF DEATH. etc.) 21 D TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED OF INJURY (APPROX.)	The bldg, INJURY OCCUR? 21F. HOW DID INJURY OCCUR?
UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that I held an Inquiry Inspection X Autoresulted fram: Natural causes X Accident Suicide	YHILE apsy and that an this basis, death in my apinian
UTING CAUSE OF DEATH. Continued an impulsive continued and continued	ASSOCIATE MEDICAL EXAMINER 21F. HOW DID INJURY OCCUR? VHILE 22F. HOW DID INJURY OCCUR? VHILE ASSISTANT MEDICAL EXAMINER DATE SIGNED ASSOCIATE MEDICAL EXAMINER
UTING CAUSE OF DEATH. Continue	This is the standard of the st
UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WORK AT WORK 22. I certify that I held an Inquiry Inspection X Autoresteed fram: Natural causes X Accident Suicide ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles S. Springate, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or REMOVAL (Specify)	ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER DATE SIGNED January 13, 1967 CREMATORY 23D. LOCATION (City, town, or county) (State)
UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that I held an Inquiry Inspection X Autorised fram: Natural causes X Accident Suicide ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles S. Springate, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of GEMETERY of	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER January 13, 1967 CREMATORY 21 F. HOW DID INJURY OCCUR? Undetermined manner DATE SIGNED January 13, 1967

JAN 19 1967 Robert E. FarleyMA

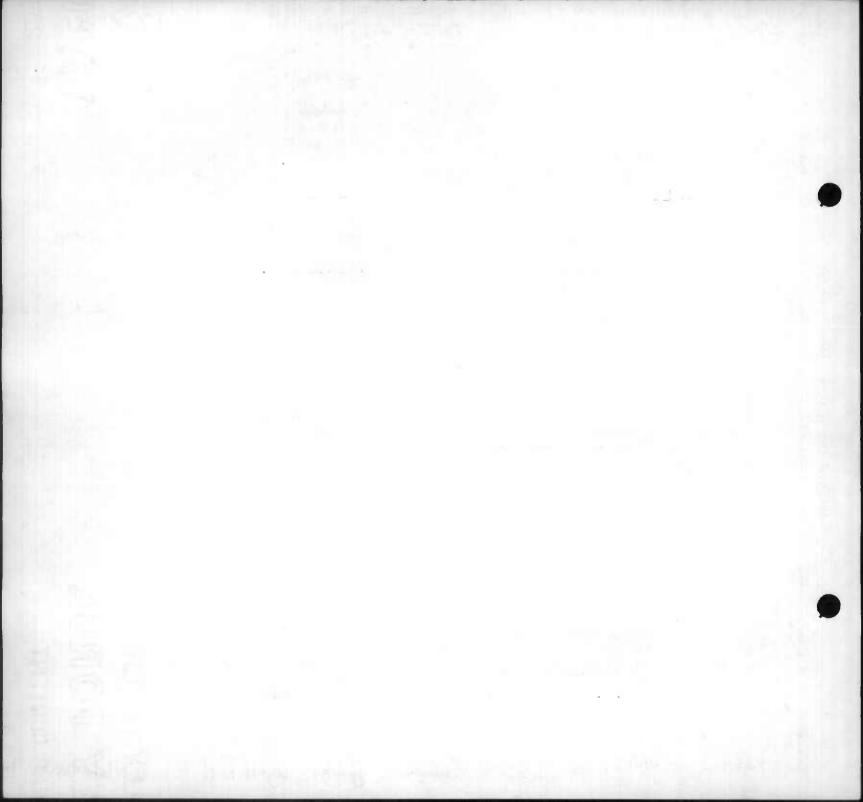
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DUL LAURENS &



	FUNERAL	FUNERAL DIRECTOR: IMPORTANT	IMPORTA	INT			-
oved	by the chief med	lical examiner	or his assist	ant if death	occurred in a ho	spital and	3
e ho	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death o	cal examiner.	Also, if the	direct or c	ontributing caus	e of death	0
nar	where the physic	ician who pro-	e or any kin	a; (4) Under	realifar attenda	o) Decedsed	0
9) Pu	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	as in regular	attendance	on the dec	sased prior to d	eath. Such	1
btaine	written approval must be obtained before the remains are embalmed or final disposition is made.	ains are emba	med or fina	I disposition	is made.		

67-01079	BALTIMORE CI	TY HEALTH DEPARTMENT	000
BIRTH NO. 67 0589	CERTIFIC	ATE OF DEATH Registered No.	. 67 0589
1. NAME OF DECEASED (Type or Print) BABY BOY SCOT	Т	2. DATE AND HOUR OF DEAT	H Q • 25 A M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceosed lived, If A, STATE B, COUNTY	institution: residence before admission)
FULL NAME OF (If not in hospital or instit	ution our street		5-0-3
FULL NAME OF (If not in hospital or instit HOSPITAL OR address or location) INSTITUTION	ution, give street	C. CITY OR TOWN (If outside city limits, write	e RURAL and give township)
THE JOHNS HOPKI	NS HOSPITAL	BALTIMORE	
33 PALTIMORE MD 2	4005	D. STREET ADDRESS (If rural, give location)	
2) BALTIMORE, MD 2		1408 N. ELLWOOD AV	
5. SEX 6. RACE 7. MA	RRIED, NEVER MARRIED OWED, DIVORCED (specify) INFANT	B. DATE OF BIRTH 9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
tOA, USUAL OCCUPATION (Give kind of work 108, KII	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
INFANT		Kata Md.	W.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
MELVIN LEE SCOTT		MHERESAK S.	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of se	vice) SECURITY NO.	4-Malai 1 Saull	1100 011
1B. 7 / 7 A	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	CAUSE	or beam	ONSET AND DEATH
LEADING TO DEATH	w a	roxic Brain Damos	e_ 3 Days
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis		0	
injury or complication which coused death.)			
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, if ony,			
rise to the obove couse (A) stating UNDERLYING CONDITION lost.	the (C)		
11			
OTHER SIGNIFICANT CONDITIONS CONTRIE			
		The A	
198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	YES YES OF NO. 20 B. IF YES, WER	E FINDINGS CONSIDERED :AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	, in or obout 21C. WHERE DID (If in Boltim office bldg., INJURY OCCUR?	ore City, give exact location)
U	etc.)		
21D. TIME (Month) (Day) (Year) (Hour		21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Wa	rk	
22. I certify that (this haspital) atten	ded the deceased from	11-12 19 67 to	1/15 1967
that (we) lost sow the deceased alive	on 1/15	19 6 7 and that in (aur) a	pinion death accurred an the dat
and hour and fram the couses stated abo	and the same of th		
23A. SIGNATURE	^		23 B. DATE SIGNED
10.12)(20-	M.D. 6	Attending Med. Staff. Phys.	1/15
23C. PHYSICIAN'S NAME (Type) A LAININE C	TEIN	23D. ADDRESS	07
V J.A. WINKELS	M.	1/27 10001	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION	(City, town, or county) (State)
Remova 1-18-67	BALTO, NAT'L	Lem. BAltu.	Md.
1/1 1 0	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
JAN 19 1967 (P. 2)	J. E. Nahley M.A.	JURACHE Diet to It	1.101 Hamsens ;
VS 150-REV. 1/7/65-		0 0 0	



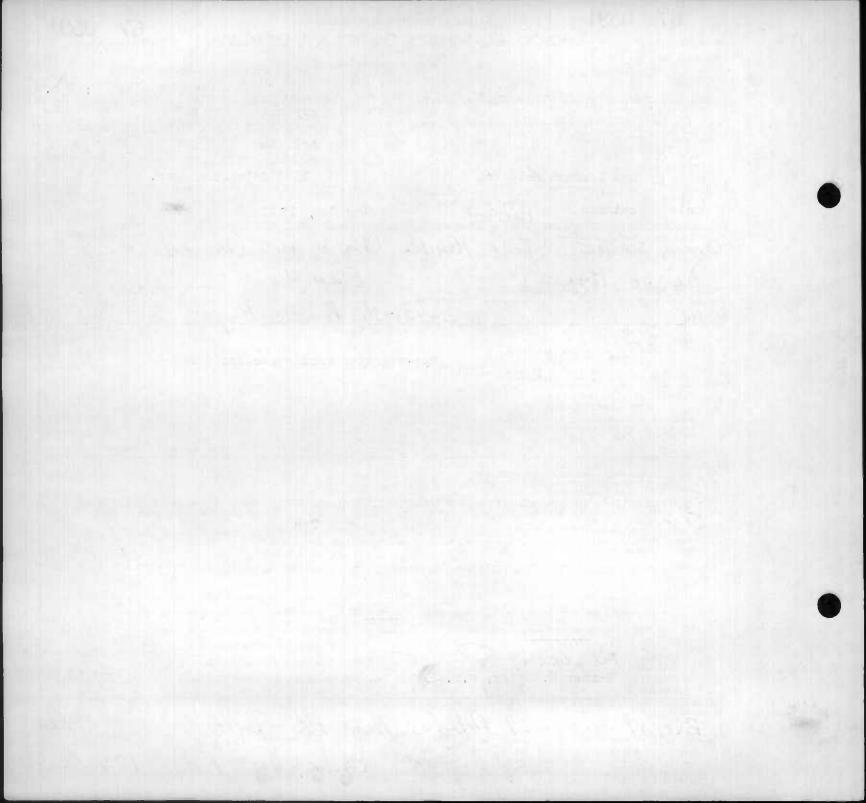
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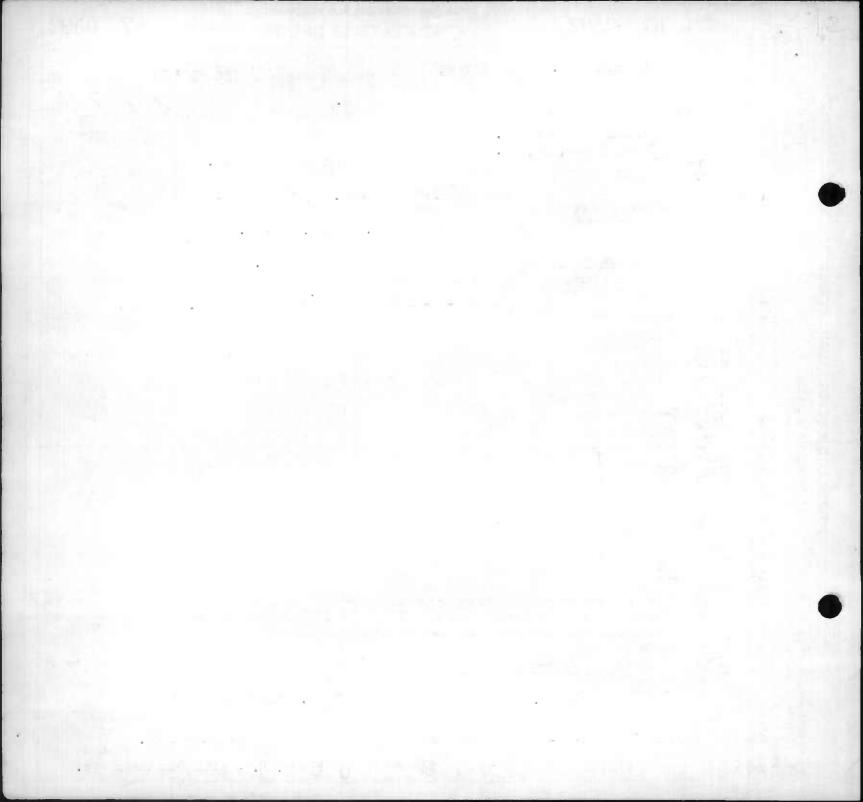
M 67 0591 BALTIMORE CITY HEALTH DEPARTMENT 67 0591

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 7 0591

M.E. CASE	NO.						
Type or Prin	F DECEASED				2. DATE AN	HOUR PRONOUNCED	DEAD
		Roy May	rers			1/16/	67 4:10 p.m.
. PLACE IN	BALTIMORE, MARY	LAND, WHERE PRONO	DUNCED DEAD		DENCE (Where	deceased lived. If institution B. COUNTY	an: residence befare admission)
FULL NAME HOSPITAL C NSTITUTION	R ADDRESS	N HOSPITAL OR INSTI OR LOCATION)	TUTION, GIVE STREET	C. CITY OR TO	WN (If outside Baltimore		RAL and give township)
- ·	1			- CTD557 A D			0.00
34	Bon Se	cours Hospit	cal	D. STREET AD	2508 Ca	lverton Hgts.	
. SEX	6. RACE		D, NEVER MARRIED	B. DATE OF BIR	тн		Under 1 Yr. If Under 24 Hrs.
male		d HARA	DIVORCED (specify)		, 1922	, 44	Aanths, Doys, Hours, Min.
done during m	OCCUPATION (Give nost of working life, ever	if retired)	Heade	ChADIN	South	CAROLINA	CHIZEN OF WHAT COUNTRY?
.).	anh M	ALP 05		Ellen	y Your	10	
	CEASED EVER IN U.		16. SOCIAL	17. INFORMANT	8001	AL	DDRESS
No.	knawni ut yes, give v	var dates of service)	SECURITY NO. 219-01-828	Hes. Be	africe	Mayees 2	508 Calverton No
1B.	42 V.		CAUSI	OF DEATH		4	INTERVAL BETWEEN ONSET AND DEATH
7	DISEASE OR COND						ONSET AND DEATH
(This	LEADING T		(A) Hypert	ensive ca	rdiovaso	ular disease	
heart	foilure, osthenio, etc. or complication which	made of dying, e.g. It means the disease h caused death.)	DUE TO				
DISE	ANTECEDENT	· CAUSES DNS, IF ANY, GIVING	(B)DUE TO				#11 1 0 # # # # # # # # # # # # # # # #
RISE		JSE (A) STATING THE					
	ENETHIO CONDIN	on East.	(C)				
		NOITIONS CONTRIBUT					
E DISEA	ASE OR CONDITION	NOT RELATED TO	THE				***************************************
19A. DA	TE OF OPERATION	198, CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOP	Y? (Yes ar Na)	20B. IF YES, WERE FINDI	
21 A. EXT	TERNAL CAUSE WA		D. PLACE OF INJURY (e.g., ne, farm, factory, street,	in ar about 21C.	WHERE DID	If in Baltimare City, give e	exact lacotian)
DIING	CAUSE OF DEATH)				
OF INJU		oy) (Year) (Haur)	21E. INJURY OCCURRED	21 F. I	TOW DID INJU	IRY OCCUR?	
(APPRO)		m.	WHILE AT NOT	WHILE			
22.	I certify that I he	ld on Inquiry	Inspection Au	topsy X o	nd that on thi	s bosis, death In my o	pinian
	resulted from: N	oturol couses X	Accident Suicio	de Homie	cide 🗌 👢	Indetermined monner	
	lana	1	01-	CHIEF	MEDICAL EX	AMINER	DATE CICHED
	TUAL TURE	rule h.	7 M.D.	ASSISTANT	MEDICAL EX	AMINER &	DATE SIGNED
EX	AMINER'S Wer	ner U. Spit:			MEDICAL EX	(AMINER [1/17/67
23A, BURIA	L CREMATION, 231	3. DATE	23C. NAME OF CEMETERY	or CREMATORY	23 D. L	OCATION (City, tax	wn, ar county) (State)
B4	PIA-1	-20-67	Arbutus	Hem 1	ex 1	Balto.	M.
ZAA. DATE	REC'D BY HEALTH I	24B, NAM	E OF REGISTRAR	24C. FUNE	KAL DIRECTOR	1 1	ADDRESS
	JAN 19	1967 Rober	JE, Jakey HA	Marta	nede	ett F. H.	1701 LAGREAS



Or	0500		BALTIMORE CITY	HEALTH	DEPARTMENT		OP	0500
BIRTH NO. 67	0592		CERTIFICA	TE O	F DEATH	Registered No.	-6/	0592
1. NAME OF DEC (Type or Print)	Charles H.		Strong		2. DATE AND JA.	nuary 17,		M.
FULL NAME OF HOSPITAL OR	oddress or locotic	or institution,	give street	Md.	B. COUN	TY	27-	18
00	A701 Beaufor Baltimore,			D. STREE		urol, give locotion)		
5. SEX	6. RACE Wh	WIDOWEL	NEVER MARRIED D, DIVORCED (specify) or Married	B. DATE	. 26/02	ost birthdoy)	If Under 1 Yr. Months Doys	Hours Min.
	JPATION (Give kind of wo working life, even if retired)		er Mattress C				12. CITIZEN O	OF OUNTRY? ISA
13. FATHER'S NAM	Emmanuel St	rong			Blanche R.			
15. Was Deceased (Yes, no or unknown	Ever in U.S. Armed Fo	orces? les of service)	16. SOCIAL SECURITY NO. 177-14-1120	17. INFO	Mrs. Cather 4701 Beauf	ine Strong	ADD	RESS
18. / 5	3.91		CAUSE O	F DEATH				VAL BETWEEN T AND DEATH
DISEAS	E OR CONDITION DEATH		· Can	inin	natusis a	primaru	,	mus.
	of mean the mode o		DUE TO	M - 1	natosis, ply intest	inal		
injury ar can	plication which cause	d death.)	(D)	NUTER	in intest	-may		
	ANTECEDENT CAUSE OR CONDITIONS, if		DUE TO	**********	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
rise to the	above couse (A)		(C)					
J. CERETINA	11							
OTHER SIGNI	FICANT CONDITIONS	CONTRIBUTING	G IE					
DISEASE OR	OPERATION 198 CO		WHICH OPERATION	20 A.	AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CON	SIDERED
19A. DATE OF			BLACE OF WALLEY		140			
OR CONTRIBLE	TWAS UNDERLYING DESCRIPTION OF Medical examiner	hom etc.	PLACE OF INJURY (e.g., i ne, form, foctory, street, o)	n or obout Ifice bldg.,	INJURY OCCUR?	Ut in Boltimo	re City, give exoc	of locohon)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year		ile At Not While		21F. HOW DID INJU	JRY OCCUR?		
	that (1) (this hospite		4.1		11 -		Jan 17	19.67.
	last sow the deceas				67 and the	ot in (my) (our) ap	inion deoth oc	curred on the date
and hour one		ated obove. (l) (We) (did not) v	iew the	bady ofter deoth.		23B, DATE SIG	NED
	Foris Hs	tchas	M.D. Atte	ending P	Med. Director	Stoff Phy s.	1/18	167
23 C. PHYSICIA NAME (T	ype)	H. Scha		23D. ADD			e	
24A. BURIAL CRE REMOVAL (Burial	MATION, 24B. DATE	40.	AME of CEMETERY of CR	MATORY	24D. LC	Baltimore,	Md.	nty) (Stote)
	JAN 19 1967		F REGISTRAN		FUNERAL DIRECTOR		A	DDRESS
VS 150-REV. 1/1/	55							

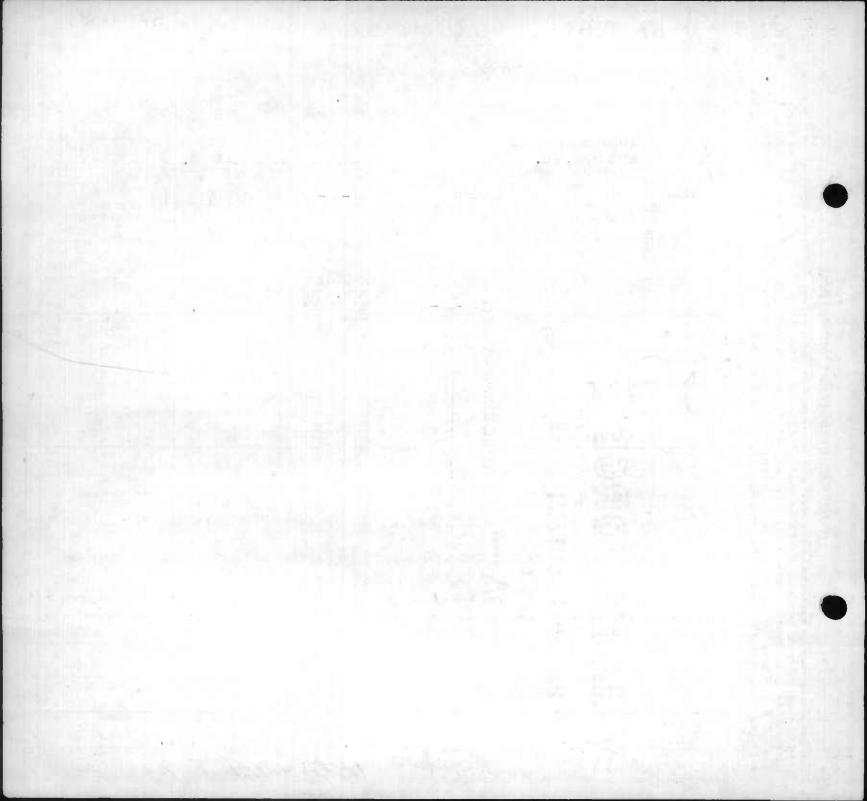


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

VS 150-REV. 1/1/65

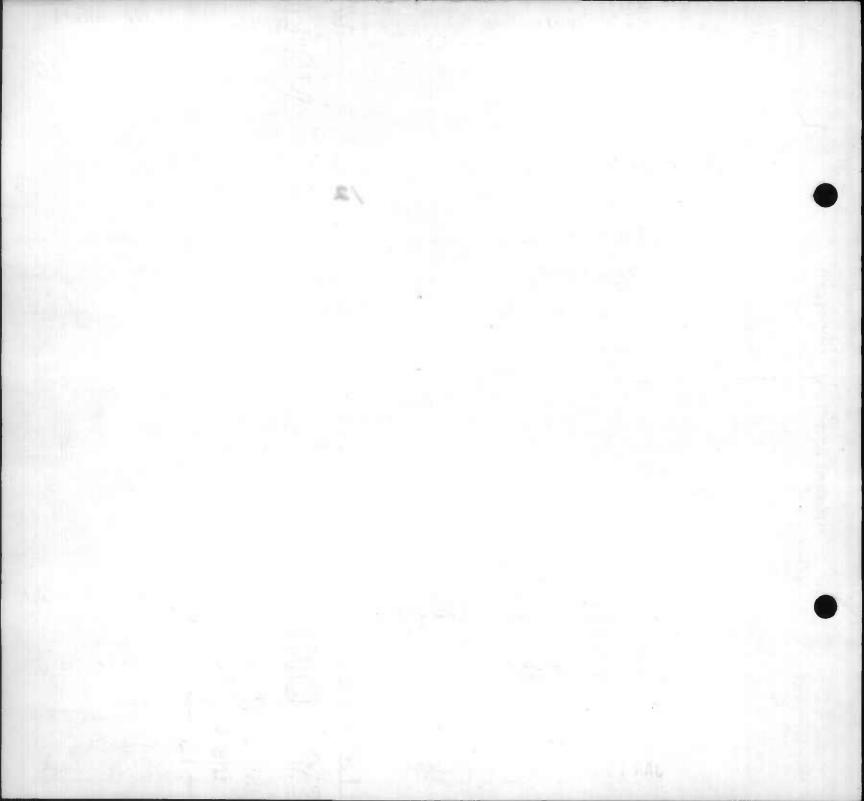
a hospital and

			BALTIMORE (CITY HEALTH DEPARTMEN	T	67 0593
1	H NO. 67 0	593	CERTIFIC	CATE OF DEATI	Registered Na.	67 8333
1, N	AME OF DECEASED e or Print) LACE OF DEATH IN BAL	AM E.	Eney		E AND HOUR OF DEATH	10:20A
F	ULL NAME OF (If n	ot in hospital or instead of in hospital or instead of location)		A. STATE B. C.	OUNTY	Bulto, Co.
	NSTITUTION	ran Hospita	al	Catonsvill D. STREET ADDRESS	If outside city limits, write (If rurol, give location)	RURAL ond give township)
-		more, Md.		1918 Old F	rederick Rd.	
5. S	Male Wh	W	ARRIED, NEVER MARRIED VIDOWED, DIVORCED (specify) Married	10=11-97	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	USUAL OCCUPATION(G during most of working life, Retired		KIND OF BUSINESS OR INDUS			12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME			Maryla 14. MOTHER'S MAIDEN	NAME	USA
15. 1 (Yes	Was Deceased Ever in U., no or unknown) (If yes, gives)	S. Armed Forces?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Margar	et Eney	ADDRESS
TION	LEADING (This does not mean the dilute, asthenia, conjury or camplication v	INT CAUSES ITIONS, if any, cause (A) station lost. IIION last. IIION TRELATED	disease to the total base of t	Boronery The S. C. V. disea	nom bosis	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICA	19A-DATE OF OPERATIO	N 198. CONDITIO		20A. AUTOPSY? (Yes of	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL	DEATH (notify medical ex 21D. ΠΜΕ (Month) OF INJURY (APPROX.)	ominer) (Doy) (Yeor) (Ho	etc.) 21 E. INJURY OCCURRED While At	21F. HOW DID	INJURY OCCUR?	
	that (1) (ma) last saw	the deceased ali	ended the deceased from ive an fibe bave. (1) (We) (did) (did not be gluba M.D.		Stoff	23B. DATE SIGNED
24A	23C. PHYSICIAN'S NAME (Type)	.C. Mach	au an Pin	23D. ADDRESS A.D. 303 N	. Rolling	Rd Baltimere 2122 City, town, or county) (Stot
	REMOVAL (Specify)					.,,,,,
	Burial	1-20-67	New Cathedr	al Cem.	Baltimore, M	ld.



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6.17	BALTIMORE C	CITY HEALTH DEPARTMENT	67 0594
BIRTH NO. 67 059	4 CERTIFIC	CATE OF DEATH Reg	istered No.
Type or Print	elson, RosA	2. DATE AND HOU	R OF DEATH 5:15A
B. PLACE OF DEATH IN BALTIMORE, M	ARYLAND	4. USUAL RESIDENCE (Weere deceo	sed lived. If institution: residence before admiss
FULL NAME OF (If not in hospite HOSPITAL OR oddress or locality INSTITUTION	l or institution, give street on)	Maryland C. CITY OR TOWN (If outside city	y limits, write RURAL STILL give township
73		Baltimore	13-02
30		D. STREET ADDRESS (If rurol, giv	
The Johns Hopkins	T. MARRIED, NEVER MARRIED	2119 Callow	// / / / / / / / / / / / / / / / / / /
Female Negro	WIDOWED, DIVORCED (specify) Widow	/2/7/93 Tost birth	Months Days Hours Mi
6A. USUAL OCCUPATION (Give kind of wo one during most of working life, even if retired		TRY 11. BIRTHPLACE (Stote or foreign coun	12, CITIZEN OF WHAT COUNTRY?
Housever	de .	North Cornel	mer USA
3. FATHERS NAME		14. MOTHERS MAIDEN NAME	0
Rapheel Wood	S	Amanda 🗡	amaul
5. Was Deceased Ever in U. S. Armed F (es, no ar unknown) (If yes, give war or do	orces? 1 6. SOCIAL	17. INFORMANT	ADDRESS
na and an unknown/th yes, give wor or or	security NO.	Ada - Och	114
18.9 9 2 V I	CAUS	E OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION D	IRECTLY	1100	ONSET AND DEATH
LEADING TO DEATI	1 (A)	aremia	
(This does not mean the mode of heart failure, asthenia, etc. II mean	of dying, e.g., DUE TO	<u> </u>	
injury or complication which couse	d deoth.)		
ANTECEDENT CAUSE	S (B)		
DISEASES OR CONDITIONS, if			
rise to the above couse (A UNDERLYING CONDITION tost.) stating the (C)		
II.			
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING			
	T		
	NDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IN C	IF YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?
	[010 01	yes	No
21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e home, form, foctory, stree etc.)	g, in or obout 21°C. WHERE DID t, office bldg.,	(If in Baltimore City, give exact location)
21D TAKE (Month) (Day) (You	i) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OC	CCUR?
OF INJURY (APPROX.)	While At Work At W	While	,
22 1		1 / 2	Y10 //18 196
that (I) (ye) last sow the deceo	A. he	a 1 / / / _	
	<i>-</i>	, 0	ny) (obinian death occurred on the
and hour and from the couses st	oted obove. (I) (We) (did) (divino	W ynew the body after death.	23B. DATE SIGNED
1) 5) . M.D.	Attending Med. Staff	1-18-6 D
Jana o	Tason	Phys. Director Phys.	N 1-10 B
23C. PHYSICIAN'S NAME (Type)		23 D. ADDRESS	
David S. Fed	ason	The Johns Hopk:	ins Hospital
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of		
Burial 1-22	67 Henry Bolt 121	18 Cout not	h Caroline
SA. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR	ADDRESS
JAN 19 1967 (Plant & Saldenma	For Ilmin it	to noth Carolina
'S 150-REV. 1/1/65		vi poviede	in just out



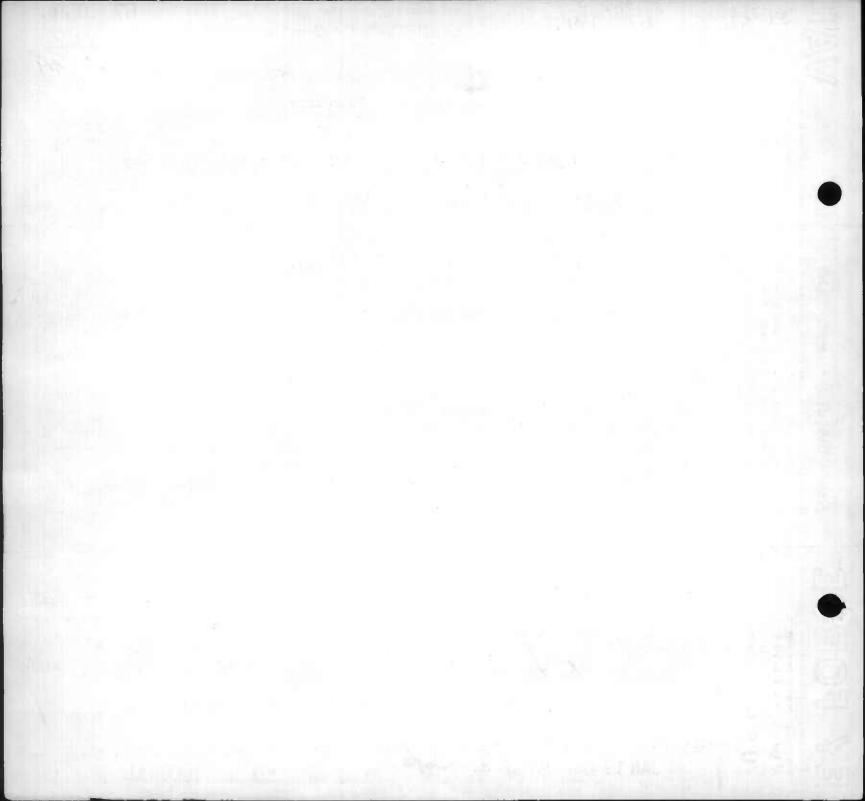
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	08 070	BALTIMORE CITY	HEALTH DEPARTMENT		CM OFOR
	и но. 67 0595	CERTIFICA	TE OF DEATH	Registered Na	67 0595
1. N	AME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
Тур	Thomas J. Pr	ee	Janua	ary 17. 196	67 Milution: residence before odmission)
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceosed lived. If inst TY	titution: residence before admission)
	FULL NAME OF (If not in hospital or instituti	on nive street	Maryland		
- 1	HOSPITAL OR oddress or location) NSTITUTION	on, give sheer	C. CITY OR TOWN (If out	side city limits, write	JRAL and give township
-			Baltimore)	6-61
0) (rurol, give location)	0
	1034 N. Poplar Grove	St.	1034 N. Po	plar Grove	e St.
5. S		IED, NEVER MARRIED WED, DIVORCED (specify)	8. DATE OF BIRTH 3/5/ 74	9. AGE (In years lost birthdoy) 92	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF
don	e during most of working life, even if retired)		Transfer to		WHAT COUNTRY?
12	FATHER'S NAME		Virginia	AE	U.S.A.
13.			14. MOTHER'S MAIDEN NAM	NE	
	John Pree				
5. Yes	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			Mattie Pree	1034 N. I	Poplar Grove St
	18. 3 3 / VI	CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		1/	-1	ONSET AND DEATH
	LEADING TO DEATH	(A) CC	ere bral Jem bral Avterso Sc	con hage	Instant
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO			
	injury ar camplication which caused death.)	0 -	h - 1 A-10 - C1	10	
	ANTECEDENT CAUSES	(B) Serve	Dyal HV Teroo >	-verosis -	
	DISEASES OR CONDITIONS, if any, gir	ving			
	rise to the above cause (A) stoting UNDERLYING CONDITION last.	the (C)		***************************************	
					*
z	OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			
110	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
ERTIFICATION	19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED
RTIF	WAS PERFORMED			IN CERTIFYING CAU	SES OF DEATH?
AL C	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
DIC	21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
ME	OF INJURY (APPROX.)	While At Not Whil	e —		
		Work At Work		1:1	
	22. I certify that (I) (this hospital) attend	ed the deceased from	f pri	1964 10	19.62
	that (I) (we last sow the deceased alive	an	19 6 65 ond the	at in(my) (a or) opin	ian deoth occurred an the dot
	and hour and from the couses stated above	e. (I) (We) (did) (did not) v	iew the body after death.		
	23A. SIGNATURE				23B, DATE SIGNED
	Ten se Sila (M.D. Atte	ending Med. Director	Stoff Phys.	1-19-67
	23 C. PHYSIGIAN'S NAME (Type)		23D. ADDRESS		
	NAME (Type)	Oughus M.D.	1735	E Efd	exal 5+
244	A. BURIAL CREMATION, 248. DATE 24	0002-	11/1/	OCATION IS:	total of constant
2-97-	REMOVAL (Specify)	Arbutus Memor		OCATION (City	y, town, or county) (State)
	Dural 1/4/6/ 7	YEN ZUUNGUZHZ	ZXZXZXZXZ (S	2allinare	- ma
254		AE OF REGISTRAR	25C. FUNERAL DIRECTOR	0.11	ADDRESS O. /
	JAN 19 1967 (1) Cal	J.E. Markey Mill	1 Wholeson	1 Keck, 661	W. Darre St.
VS	150-REV, 1/1/65				

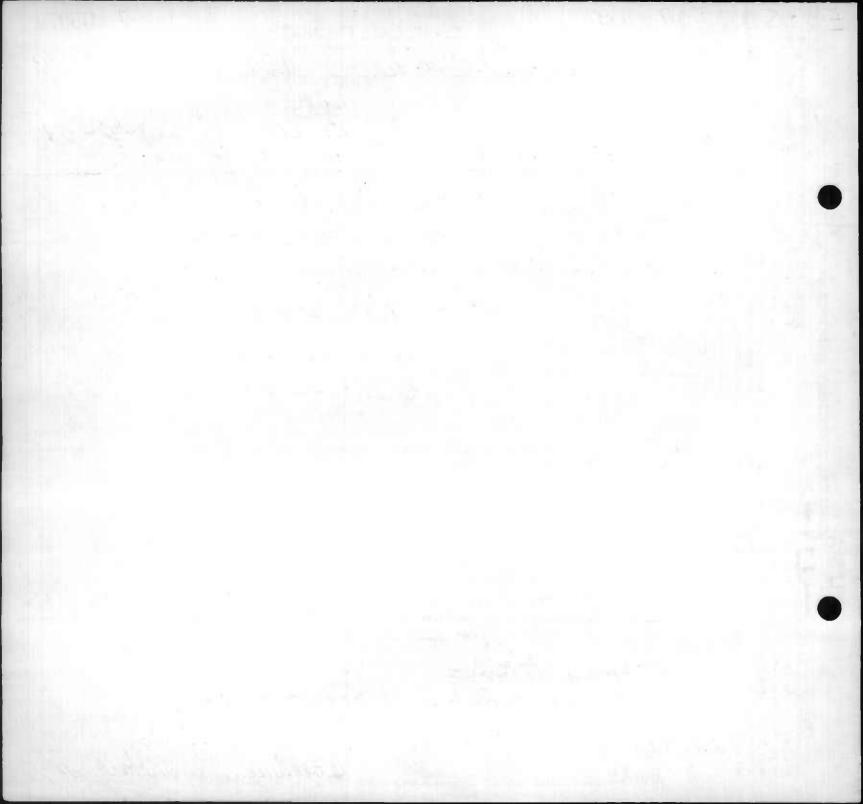
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Compared to the contract of th



1-	207		67 0597 BALTIMORE CITY HEALTH DEPARTME	ENT 67 (3597
	232	BIRT	CASE NO. CERTIFICATE OF DEAT	TH Registered No.	1001
	of death of death Deceased e on the ath. Such	M.E.	CASE NO	ATE AND HOUR OF DEATH	. 0
	de de on		or Print attan S. Caleus	Mu. 12 6/16) V-M.
	hospita ise of (5) Dec ance o death.	3. P	ACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE A. STATE	E (Where deceased lived, If institution; residence to COUNTY	before odmission)
	- 0 0		JLL NAME OF (If not in hospital or institution, give street)		
	hos use ; (5) dan den	l F	OSPITAL OR oddress or locotion) C. CITY OF TOWN	(W outside city limits, write RURAL and give tow	wnship)
	car end to		n a wal	w. O H-	-01
	ting d cau r atte prior e.	1	D. STREET ADDRESS	(If rurol, give-faction)	
	ar de.	L	roj w. puulslur 209	no. punnein	If Under 24 Hrs.
	tributi mined gular sed pr	5. S	6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH.	9. AGE (In years of Months Doys	Hours Min.
	contributing contributing termined ca regular at ceased prior	1	USUAD OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHBRACE (Stote	e or foreign country) 12. CITIZEN OF	1
	co lete in r	done	USUAD OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHRIACE (Stote	DD IN C WHAT COUL	NTRY?
	or or sind		Clis Clebater Meleu	will h	
	if dect 4) U way	13.	ATHERS NAME	EN NAME OF THE PROPERTY OF THE	
=	F 0	6	celan organian and Sella	much	
Z		15. Y	Vos Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	1)2-13300 ADDRES	is a
E	the the kind dea	1	les. 12 of 2 WW. 24-03-0409 My Voz	ena Celher	quoia
IMPORTAN	34 500	1	1B. 4 S A I CAUSE OF DEATH	INTERV ONSET	L BETWEEN
P	er. Also, i cture of an pronounce lar attend		DISEASE OR CONDITION DIRECTLY		X.
~	Also, e of noun atter		This does not meon the mode of dying, e.g., (A) U/monary DUE TO	5 mi	, via · J
•••	ner. actur pron		heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)	to Sever	w/
Ö		.	This does not meon the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES	end tailure yo	47
5	2 = 4 + 0 0		DISEASES OR CONDITIONS, if ony, giving		
DIRECTOR:	0 200		rise to the obove couse (A) sloting the (C)		
Ë	ical cal e ns; (3 ician as ir ains		UNDERLYING CONDITION losi.		
	edical dical urns; ysicic was	z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
A	bud hy	I S	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
UNER	hici e d	ERTIFICATION		(es or No) 208. IF YES, WERE FINDINGS CONSICE IN CERTIFYING CAUSES OF DEATH?	DERED
Z	ch th tys	ERTI		01: 24:	A
H	the all by (2) ere o ph efor	10	21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE home, form, foctory, street, office bldg., INJURY OC	E DID (If in Boltimore City, give exact CCUR?	(000001)
	こととこう	CAL	DEATH (notify medical examiner) etc.)		
	he hospi iy nature xcept w and (6) N	MEDI	OF INJURY While At Not While	DID INJURY OCCUR?	
	ove e ho rcep	~	(APPROX.) Work At Work		
	ppro the any (exc on;		22. I certify that (I) (fhis haspital) attended the deceased from	1966 10 194 12	19 60
	5 C + - C 8			and that in(my) (aux) opinian death accu	rred an the date
	t be a sed to ent of spital eath) ust be		and haur and from the causes stated abave. (1) (412) (414) (414 nat) view the bady after		
	leased tident o hospita o death		23A. SIGNATURE M.D. Attending Med.	Stoff Stoff	.0
	E & U - + B		Mynay Ohrl Phys. Directo		67
	0 - 0 - >		23C. PHYSICIAN'S NAME (Type) Sey now the Ruy bin M.D. 31361+	tential RA	
	D . A . C C		2 cy now 1/2 /20 M.D. 313610	1004	
		24/	REMOVAL (Spopity) 24B. DATE 24C. NAME of CEMETERY OF CARMATON	24D. LOCATION (City, town, or county	y) (Stote)
	This certification the body shows: (1) was D.O. deceased written a	/	unal 16/6/ Tonamie and the	we Salle Co.,	
	This certhe books shows: was D. deceas	25	ALL CAT OF GO HOLD HOLD HOLD HOLD HOLD HOLD HOLD HOL	DIRECTOR ADI	DRESS
	二十六 3 立 3		JAN 19 1967 Rents & Forther Min O Catelle	morey woo/singo	Cell &
		V¢	150-REV. 1/1/65		

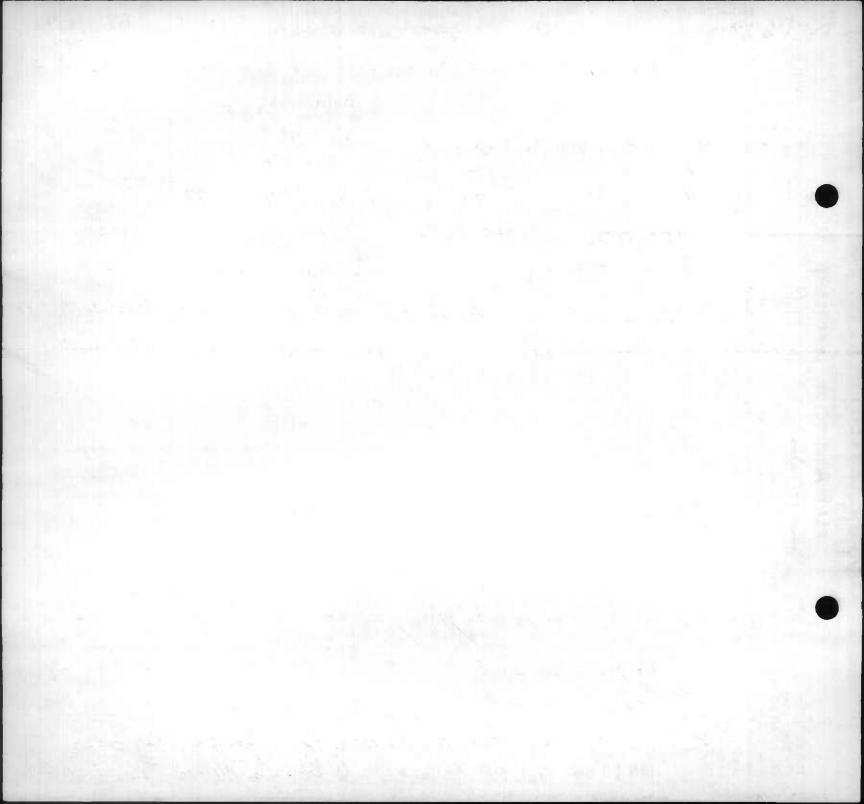


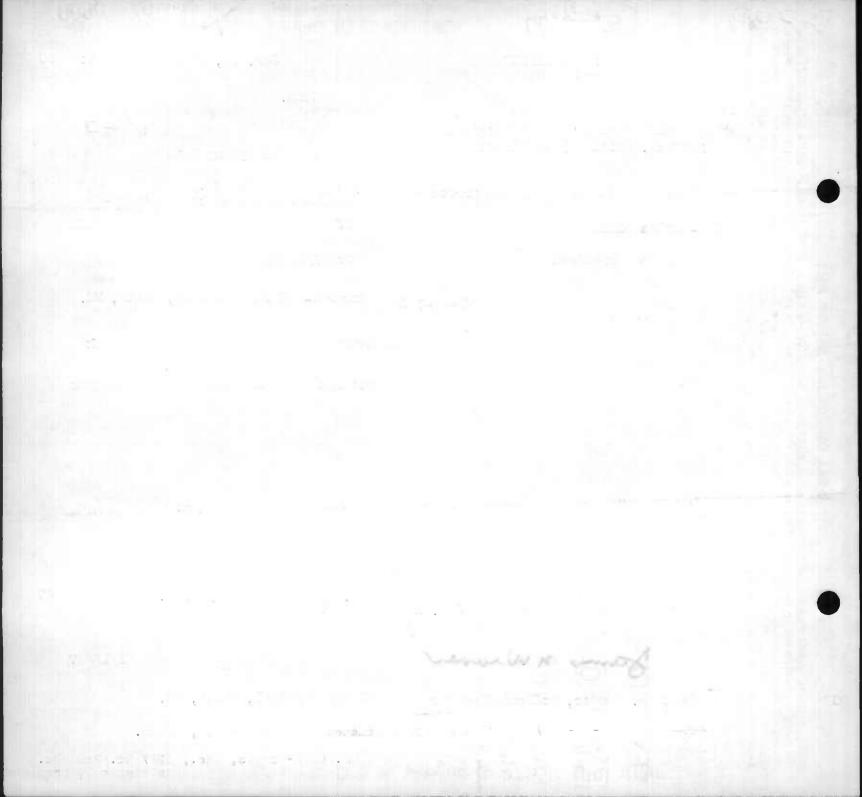
FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

67 0598	BALTIMORE CITY	HEALTH DEPARTMENT		67 0500
BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	67 0598
I.NAME OF DECEASED DUMLER	Ruth	2. DATE ANI	1.30 PLU	1115/67
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	1000	4. USUAL RESIDENCE (Where A. STATE B. COUNT		itution: residence before admission
FULL NAME OF (If not in hospital or institution, give	street	ned 1	Balto	
HOSPITAL OR oddress or locotion)		C. CITY OR TOWN (If outs	ide city limits, write RU	JRAL and give township)
7.8		O. STREET ADDRESS (If re	urol, give logotion)	0 2100
marland cent they	0	2917 h	ustful	ud Ave
	VER MARRIED IVORCED (specify)		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months; Ooys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BU	SINESS OF INDUSTRY	11. BIRTHPLACE (State or foreign	466	12, CITIZEN OF
done during most of working life, even if retired)	SHESS ON HOUSEN	B. L.	in cooming	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	1E	asid
Dolale turn		nice	& Ceaus	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT	3 -0-070	ADDRESS
Tres, no or unknown, thryes, give wor or goes or services		Clut		
10 / -	AZ CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., head follows as the nine at the disease.)	S. A.S.	January trans	andrani.	1 days
(This does not mean the mode of dying, e.g.,	BUE TO	70000	moone	
injury or complication which caused death.)	BO	a tour sol	willedia	
ANTECEDENT CAUSES	S C C C C C C C C C C C C C C C C C C C	Toolean je		••••••••••••••••••••••••
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	T S S OC	dal		
	-23	***************************************		Pro-00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	E C			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Diolut	is mellite	2	
19A. DATE OF OPERATION 19B. CONDITION FOR WHI WAS PERFORMED	CH OPERATION	20 A. AUTOPSY? (Yes or No)	108. IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
	ACE OF INJURY (e.g., i	or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF CAUSE OF DEATH (notify medical examiner)	lorm, foctory, street, of	fice bldg., INJURY OCCUR?		
	JURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.) While Work	At Work		/ 2	1
22. I certify that (1) (this hospital) attended the	deceosed from	115	9 6 1.10	19
that (I) (we) lost sow the deceased alive on	1/15	19ond the	ot in(my) (our) opini	ion death occurred on the do
ond hour and from the couses stated above. (I) (V	We) (did) (did not) v	iew the body ofter deoth.	1	23B. DATE SIGNED
23A. SIGNATURE	M.O. Atte	ending Med.	Stolf F	236. DATE STORED
23 C. PHYSICIAN'S	Phy	S. Director	Phy s.	1/3/67
Droniel Chilbers	M.O.	In legt	ster au	u
	E of CEMETERY OF CRI	MATORY 24D. LO	City	, town, y county) (State)
Herial 1/19/6/ 11	oreland	1/2	HILLO	00 1
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF R	5.00	25C. FUNERAL DIRECTOR	MILLIAN (N	SITE APPORESS
JAN 19 1967 R.C. 52	stadeuma .	of the street	any co	of way a
VS 150-REV. 1/1/65				

		BALTIMORE CITY	HEALTH DEPARTMENT	C7 0500
111	HRTH NO. 67 0599	CERTIFICA	TE OF DEATH Regis	rared No. D US99
	M.E. CASE NO. I.NAME OF DECEASED Type of Print)), ,	2. DATE AND HOUR	OF DEATH
IL	PLACE OF DEATH IN BALTIMORE, MARYLAND	berts	8 Jan /	767 12 - A M.
	THE STATE OF		A. STATE B. COUNTY	o lived. Il Institution: lesidence beidle damission/
	FULL NAME OF (If not in haspital at institution) INSTITUTION (If not in haspital at institution)	tian, give stieet	C. CITY OR TOWN (If autside city)	imits, write RURAL and give township)
1	X		Millsboro	V-07
	Thinersity of Maryland	•	Box 396	lacatian)
	The wind	RIED, NEVER MARRIED DWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (Ir last birthdo	Months Doys Hours Min.
	OA, USUAL OCCUPATION (Give kind of work 10B, KIN fone during upost of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State at fareign country	12. CITIZEN OF WHAT COUNTRY?
	KETIRED	ETIRED	Delaware	USA
	3. FATHER'S NAME Frank Klarvey		14. MOTHERS MAIDEN NAME	
1	5. Was Deceased Ever in U. S. Armed Farces? Yes, no at unknown! (If yes, give war at dates of serv	16. SOCIAL	17. INFORMANT	ADDRESS
1	Unkn	221-67-7693	Max VEADI KORA	FOR MILLSBARG DO
	1B. 237 XI	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	R	ni h	3+ weeks
	(This does not meon the mode of dying, heart foilure, osthenia, etc. It means the dis- injury or complication which coused death.)		an Tuno	3,13333
	ANTECEDENT CAUSES	(B)		
	DISEASES OR CONDITIONS, if ony, g	ving		
	rise to the above cause (A) stoting UNDERLYING CONDITION lost.	fhe (C)		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING 17. 19 A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED CEVE BY A			
	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF	YES, WERE FINDINGS CONSIDERED
	U 21A. ACCIDENT WAS UNDERLYING		No	
	U/21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examine)	21B PLACE OF INJURY (e.g., inhome, fairm, factory, street, aretc.)	fice bidg., INJURY OCCUR?	f in Baltimore City, give exact lacotion)
	21D. TIME (Month) (Day) (Year) (Hau) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCC	U R?
	<pre><approx)< pre=""></approx)<></pre>	While At Nat While At Wark	e	11. 1.
	22. 1 certify that (1) (this hospital) attend	(7 () a	1 1	
	that (1) (we) last sow the deceased alive	A .		(aux) opinion deoth occurred an the date
	and haur and from the causes stated abar	re. (I) (We) (did) (did nat) v	iew the bady after death.	238, DATE SIGNED
	Kohney that	M.D. Atte	ending Med. Staff Phys.	8 Jan 67
	23 C. BAYSICIAN'S		23D. ADDRESS	1
	(acer	/E M.D.	Unversity 14	laspetal.
	PAA. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRI	72 /	(City, town, or county) (State)
	DURING 1-11-6	ME OF REGISTRAR	MORIAL K LEWI	ES RD, WEZA
	JAN 1 9 1967 00	e a Francis	O the San Mi	land Franklin S. Well
IF	'S 150-REV, 1/1/65	T. C. VICTORION	in which and	1000 HOUNTSON





•	FUNERAL	FUNERAL DIRECTOR: IMPORTANT	IMPORT/	ANT		K
ased to the h	ad by the chief me lospital by a med	dical examiner lical examiner.	or his assist Also, if the	ant if deat direct or	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death because (1) An accident of any nature. (2) Body burns: (3) A fracture of any kind: (4) Undetermined cause: (5) Deceased	death
spital (excer	of where the phys	sician who pro	nounced de	ath was ir	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	on the
death); and	(6) No physician v	was in regular	attendance	on the de	ceased prior to deatl	Such O
must be obtain	written approval must be obtained before the remains are embalmed or final disposition is made.	nains are emba	med or find	Il dispositio	n is made.	C

	67 0601	BALTIMORE CITY	HEALTH DEPARTMENT	,	OF	0004
110	TH NO.	CERTIFICA	TE OF DEATH	Registered No.	5/	0601
1.1	E CASE NO. JAME OF DECEASED pe or Print)	V	2. DATE AND	HOUR OF DEATH	7 .	730
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	Buger	4. USUAL RESIDENCE (Where A. STATE B. CQUNT		titution: resid	ence before admission)
	FULL NAME OF (If not in hospital or institution	on, give street	MAR-IAND	Head	Lond /	BALTIMOR
	HOSPITAL OR oddress or location) NSTITUTION		C. CITY PR TOWN (IF outs	ide city limits, write	JRAL ond gi	ve township)
TI	T. M	4 11	D. STREET ADDRESS (If re	urol, give location)) - 00
	Wion Memorial	ED. NEVER MARRIED	13 '	20 . AGE (In years	If Under 1	Yr., Il Under 24 Hrs.
5. 5		WED, DIVORCED (specify)	3-17-07	ost birthdoy)	Months Do	ys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN	OF COUNTRY?
	FATHER'S NAME	Kenny	14. MOTHER'S MAIDEN NAM	4	Uni	tel States
1	C. M. Kun					
15.	Was Deceased Ever in U. S. Armed Forces? s,no or unknown (If yes, give wor or dates of service	1 6. SOCIAL	17. INFORMANT	SHIFFL	E	DDRESS
6	Sillo or dillowing the yes, give wor or dules or service	227-07-6656	JANG Sikus	ex L	White	hall Md.
	18. 4. 45 XI	CAUSE O	DEATH	1 -		ERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	w Con	ela D Vasent	duch	1	8hs.
	(This does not mean the mode of dying, e heart failure, asthenio, etc. It means the disea		11 11	-1	t	
	injury or complication which caused death.) ANTECEDENT CAUSES	(B) 11/4	hand kyp	reslence		18 mile
	DISEASES OR CONDITIONS, if ony, giv	DU! TO	0 11			
	rise to the above cause (A) stating UNDERLYING CONDITION last.	1he (C)				
7	II					
ATIO	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.					
TIFIC		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CO	ONSIDERED ATH?
AL CER	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	or about 21C. WHERE DID	(1f in Boltimore	City, give e	xoct locotion)
DICA		etc.) 21 E. INJURY OCCURRED	21 F. HOW DID INJU	IRY OCCUP?		
ME	OF INJURY (APPROX.)	While At Not While Work At Work		,		
	22. I certify that (#) (this hospital) attende		4	962 10	1-1	8 1982
	that (4) (we) last saw the deceased olive of		19 6 2 and the	ot in (🛶) (our) opin	ion deoth	occurred on the date
	and hour and from the couses stated object	. (#) (We) (did) (iew the body ofter deoth.			
	23A. SIGNATUPE		nding Med.	Stoff 1	23B, DATE	18-17
	259. PHYSICIAN'S	Phy	Director Director	Phys.	1-	10-6/
6	JOHN R. V	AUGHN, JR. M.D.	THE UNION MEM	ORIAL HOSE	PITAL	
24/		NAME OF CEMETERY OF CRE			, town, or o	county) (Stote)
	URIAL 1-10-67 &	KLANEY VALL		CKEYSVILLE	ITA	RYLAND
25/	JAN 19 1967 258. NAN	5 2 Faller MA	WM LOOK	Brooks Toll	SOU 10	SO YORK RD
VS	150-REV. 1/1/65				104	SON, MUL

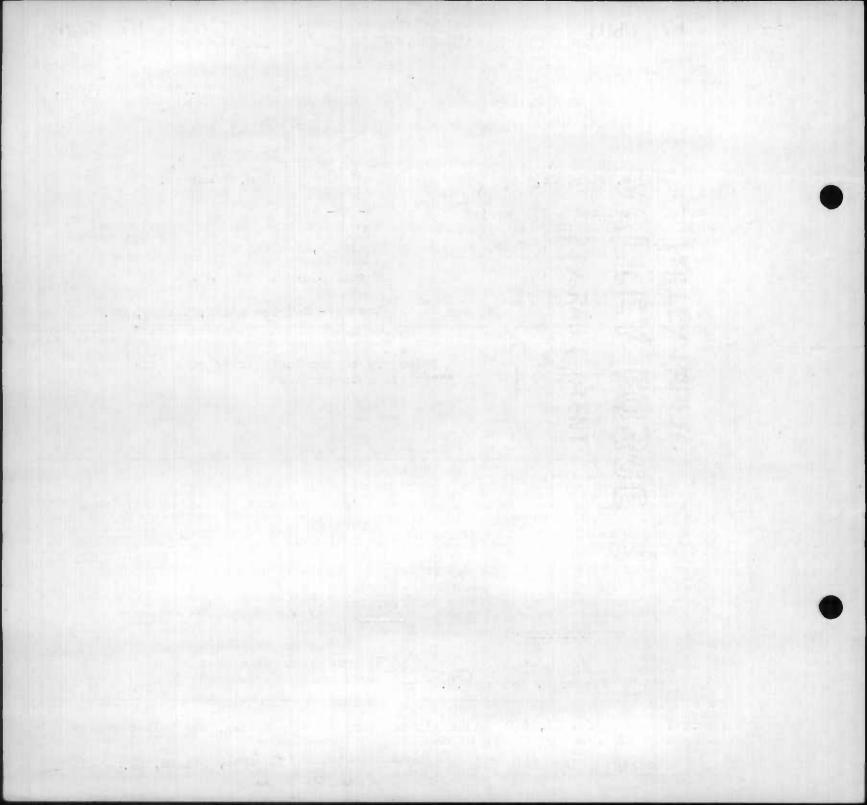
Whitehall. Union Memorial Hospital Box 120 Nate White Married 3-17-01 59 Virginia United States Art Known Had Known Grosse M. Kygra GERRICE SHIPPELETT entires - John Stagen Whilehall He Control Women and Share Mely I happeling 18 - I E3 81-1 4

BIRTH NO. CERTIFICATE OF DEATH Registered Na. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence A. STATE B. COUNTY deoth. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND outside city limits, write RURAL and If Under 1 If Under 24 Hrs. Months: Doys Hours 12. CITIZEN OF WHAT COUNTRY? U. 579 ADDRESS INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) and that in (my) (aur) apinian death accurred an the date 23B. DATE SIGNED deceosed (City, town, or county) (Stote) Md Cemetry 20/67 Calvary WOS REGISTRAR 25B. NAME OF 25C. FUNERAL DIRECTOS ADDRESS North

BALTIMORE CITY HEALTH DEPARTMENT

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67	0603	BALTIMORE CITY HEA				67 OG	00
BIRTH NO.	MED	ICAL EXAMINER'S	CERTIFICA1	E OF	DEATH Registe	red No.	0.)
M.E. CASE NO.							
1. NAME OF DI	CEASED			2. DATE AN	ID HOUR PRONOUNCE	D DEAD	
crype or rimir		Fred Smith			1/9/67	8:15	a.
3. PLACE IN BA	LTIMORE, MARYLAND, V	HERE PRONOUNCED DEAD	4. USUAL RESID	ENCE (Where	deceased lived. If insti	tution: residence before o	dmi s s
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET ATION)	M	larylan	d	RURAL and give townsh	
N3IIIOIION			D. STREET ADDR		ltimore , give locotion)	17-0) /
0.4	10 N. Pearl S	t.		410	N. Pearl St		
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	4	9. AGE (In years	If Under 1 Yr. If Under	er 24 l
ma1e	colored	WIDO WED, DIVORCED (specify) Married	9- 22- 1	925	lost birthdoyl	Months Ooys Hours	Mi
	working life, even if retired)	None				12. CITIZEN OF	
3. FATHER'S NA		11020	Easten,				
Fred							
			Mazula Di	CKSOI			
	ED EVER IN U.S. ARMEI	es of service) SECURITY NO.	17. INFORMANT			ADDRESS	
No	No	Unknown	Brether-	Mauric	• Smith, Eas	ten, Md.	
OTHER SITO THE DISEASE TO THE DISEAS		A Pulmon for which Operation form, foctory, street, while at a not what at a not what at a not what at a not while at a not what at a not while at a not whi	20A. AUTOPSY: Partial , in or obout 21C. W	(Yes or No) (HERE DID OCCUR?	20B. IF YES, WERE FININ CERTIFYING CAUS	NDINGS CONSIDERED IES OF DEATH?	
ACTUA SIGNA EXAMI NAME 23A. BURIAL CR REMOVAL (Spec BURIAL	TURE WETNER (Type) EMATION, 23B. DATE (fy)	U. Spitz, M.D. 23C. NAME of CEMETERY Richard's Ce 24B. NAME OF REGISTRAR	D, ASSISTANT MI ASSOCIATE M or CREMATORY The tary 24G, FUNERA	de EDICAL EXEDICAL E	XAMINER OCATION (City, aston, Md Te	DATE SIGNATE S	GNED (Stote)
VS 151-REV. 1/1	JAN 19 1967	Relate E. Salley MA	0 0 ó	O S	eral, Easter	m, Md.	



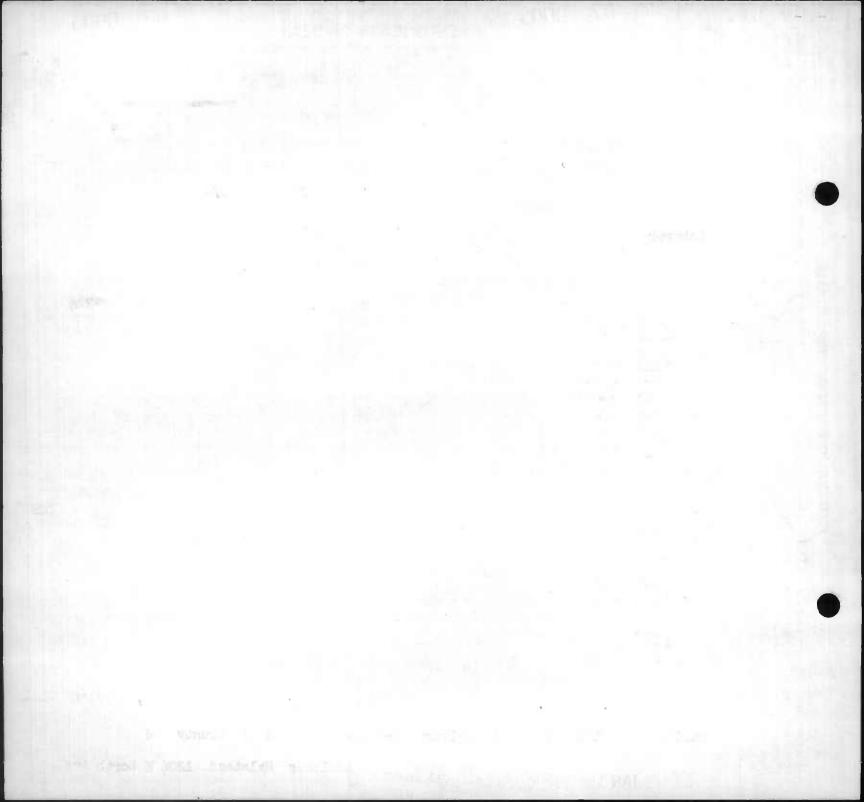
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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67 0604	BALTIMORE CIT	TY HEALTH DEPARTMENT		67 0004
BIRTH NO.	CERTIFICA	ATE OF DEATH	Registered No.	07 (000)
M.E. CASE NO. 1. NAME OF DECEASED			ID HOUR OF DEATH	
(Type or Print) Green Kelen		14	January	967 11:20 AM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If institu	
FULL NAME OF (If not in hospital or institution,	give street	Maryay	nd (ci	tu)
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (II ou	tside city limits, write RUR	AL and give township)
01 . 11		Baltiv	nove	11-01
University Ho:	SDITUI	7 1 1 10	rurol, give locotion	5+
	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	Under 1 Yr. , If Under 24 Hrs.
WIDOWED	DIVORCED (specify)	1.11.119	lost birthday)	onths Doys Hours Min.
0A. USUAL OCCUPATION (Give kind of work 10B, KIND OF		RY 11. BIRTHPLACE (State or fore	ign country)	2. CITIZEN OF
lone during most of working life, even if retired)		A1- 11	0 1	WHAT COUNTRY?
3. FATHER'S NAME		14 MOTHERS MAIDEN NA	Carolina	451
		14. MOTHERS MAIDEN IN)	
unknown	11 (2001)	unknoi		ADDRESS
5. Was Deceosed Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	hospital	records	ADDRESS
			7660.003	
1B. 581.11	CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		1 1/2 2000 5	cirrhosis	worrs
(This does not mean the mode of dying, e.g.,	(A) DUE TO	hannec's o	0111110313	900.3
heart failure, asthenia, etc. II means the disease, injury ar complication which coused deoth.)		11 . 01.	.) / '	
ANTECEDENT CAUSES	(B)	Chronic ala	onolism) = (
DISEASES OR CONDITIONS, if any, giving	DUE TO			
rise to the above cause (A) stoling the UNDERLYING CONDITION last.	(C)			badanto a con compositiva con accessora a con
II				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION		5	lure	days
DISEASE OR CONDITION CAUSING IT.	1 Ruk			auqs
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 20 B. IF YES, WERE FIN	DINGS CONSIDERED
U 21 A. ACCIDENT WAS UNDERLYING 218	PLACE OF INITIDA	, in or oboy/ 21 C. WHERE DID	(If in Boltimore C	ity, give exact location)
OR CONTRIBUTING CAUSE OF hom	ne, form, foctory, street,	office bldg., INJURY OCCUR?	(ii iii boiiiniore C	ny, give exoct locollon,
0 110				
OF INJURY	. INJURY OCCURRED	21 F. HOW DID IN.	TURY OCCUR?	
(APPROX.)				
22. I certify that (t) (this hospital) attended t	he deceased from	1///	19 6/ to //	19.6
that () (we) lost saw the deceased alive on	1/14	19 67 ond tl	not in (my) (our) opinio	n deoth occurred on the dot
and your and from the causes stated abave.	f) (We) (did) (did nor)) view the body after deoth.		
23A SIGNATURE	. 0 .			B. DATE/SIGNED
Auranio Hour	and pur	hys. Director	Stoff Phy s.	1/14/67
23C. PHYSICIAN'S NAME (Type)	1	23D. ADDRESS		
	M.I	D.		
24A. BURIAL CREMATION, 248. DATE 24C.N. REMOVAL (Specify)	AME of CEMETERY of C	CREMATORY 24D. I		town, or county) (State)
Part - 3 2/20//m 35	t Calman (A	A County	
25A, DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	Cemetry	R	ADDRESS
JAN 19 1967 R.C.	58, Jalley M	Adolphus -	alstead 1206	W North Ave
V\$ 150-REV. 1/1/65	1 11	1 . n n n n		

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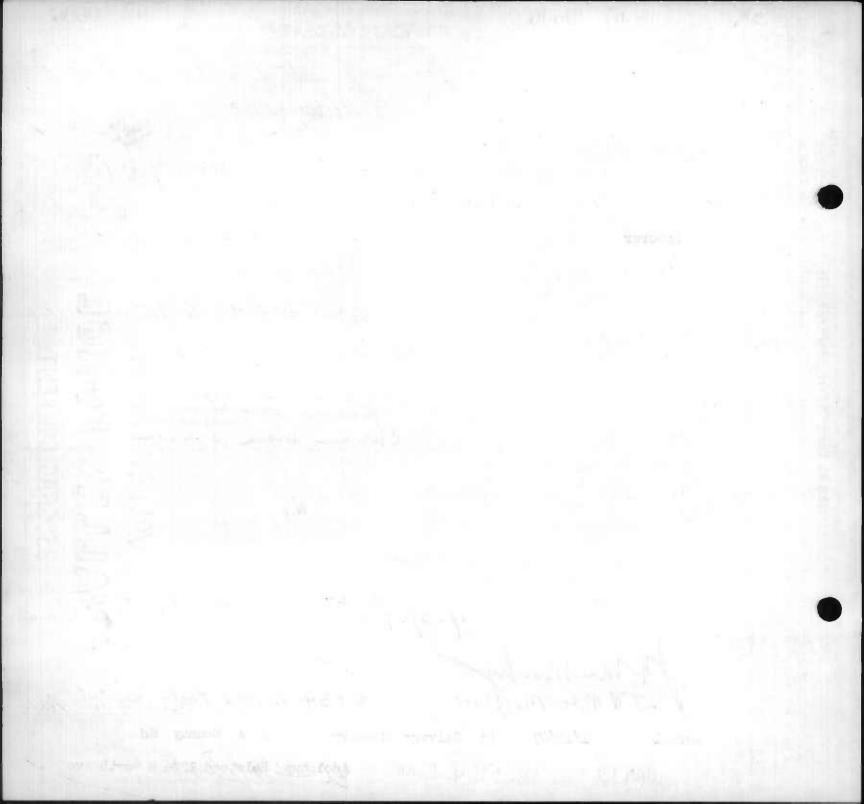
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FK	a hospital and suse of death b; (5) Deceased	dance on the o death. Such
•	th occurred in contributing contributing contributing contributing conservations.	aceased prior t
	if dear ect or 4) Und	was i
MPORTANT	lso, if the dir	trendance on the distance on the distance on the distance of t
RECTOR:	l examiner o examiner. A (3) A fracture	in who prond in regular a
FUNERAL DIRECTOR: IMPORTANT	e chief medica by a medical 2) Body burns;	e the physicia ohysician was
•	approved by the to the hospital fany nature; (2	(except where); and (6) No p
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, such deceased prior to death. Such swritten approved must be obtained before the remains are embalmed or final disposition is made.
	This the l	was

LLCO 67 0605 BALTIN	AORE CITY	HEALTH DEPARTMENT	6	7 0000
BIATH NO.	TIFICA T	TE OF DEATH	Registered Na.	7 0000
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
Type or Print! LEE WILLIAMS		17 3	JANUARY 196	71630 AM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUN'	e deceased lived. Il instit TY	lution: residence before odmission)
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)		MARYLAND	(34:)	
INSTITUTION BALTIMORE CITY HOSPIT	TALS	C. CITY OR TOWN (If outs	177	RAL ond give township)
2 / 4940 Eastern Avenue		D. STREET ADDRESS (III	urol, give location)	0
Baltimore, Maryland 21224		911 EAST	LomBI	TRIS St. 21202
S. SEX 6. RACE 7. MARRIED, NEVER MARR WIDOWED, DIVORCED (WD D) CD		9 22 179	ost birthdov)	(Under 1 Yr. II Under 24 Hrs. Aonths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR done during most of working life, even if retired)	INDUSTRY 1	1. BIRTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Virginia		USA
13. FATHER'S NAME	1	4. MOTHER'S MAIDEN NAM	AE	
Alexander		Easter Shoemak	er	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dates of service) SECURITY		7. INFORMANT		ADDRESS
7		RECORDS:BCH 494	O Eastern Av	enue 21224
	CAUSE OF			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	^ .	A		
LEADING TO DEATH (This does not mean the mode of dying, e.g., D	ant)	errosileratic C	udicyasenly (Lasan
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	0 10			
	1			
DISEASES OR CONDITIONS, if any, giving	UE TO		999 66 0 0 a a 900 windween with a a a a cou cou a stea a sour	. A * * A * * * * * * * * * * * * * * *
rise to the above cause (A) stating the	2)		8 8 8 8 8 9 8 9 8 9 8 9 8 9 8 9 8 9 8 9	1 8 3 ú n mir na 8 8 ún a a na 8 a dúisigm a descadad ac a a 2 dúisig de a caid a dúisig a caid a dúisig a caid
UNDERLYING CONDITION lost.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERAWAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF IN.	TION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF IN.	JURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore C	ily, give exect location)
DEATH (notily medical examiner) etc.)	y, street, offi	ce bldg., INJURY OCCUR?		
D 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCI	URRED	21F. HOW DID INJU	JRY OCCUR?	
₩ OF INJURY (APPROX.) While AI	Not While			
Work	AI Work) Married 1	067 . 17 40	10/11/2
22. I certify that (IT (this hospital) attended the deceased that (I) (we) last saw the deceased alive an 17 January			967 to 17 go	may 19 67
	- 1		it in (my) (out) apinio	in death accurred an the date
and haur and fram the causes stated abave. (1) (We) (did) (did-not) vi	ew the bady after death.	19:	3B, DATE SIGNED
Calan Barne	M.D. Atlen	ding Med.	Stoff Phys S	
23C. PHYSICIAN'S		Director Director	Phys 5	17 January 1967
23C. PHYSICIAM'S NAME (Type) Dm. Alen T Bernes			enue Baltimor	e, Maryland 2122
Dr. Alan J. Barnes 24A. BURIAL CREMATION, [24B. DATE 24C. NAME of CEMET				town, or county) (Stole)
Burial 1/19/67 Mt Calvar		etry A	A County M	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	J John	2SC, FUNERAL DIRECTOR	The state of the s	ADDRESS
1 0 4 2 20	0	Adolphus Ha	lstead 1206	
VS 150-REV. 1/1/6JAN 19 1967 (1.00 15 2)	Lise Hole	0 6 0 4		

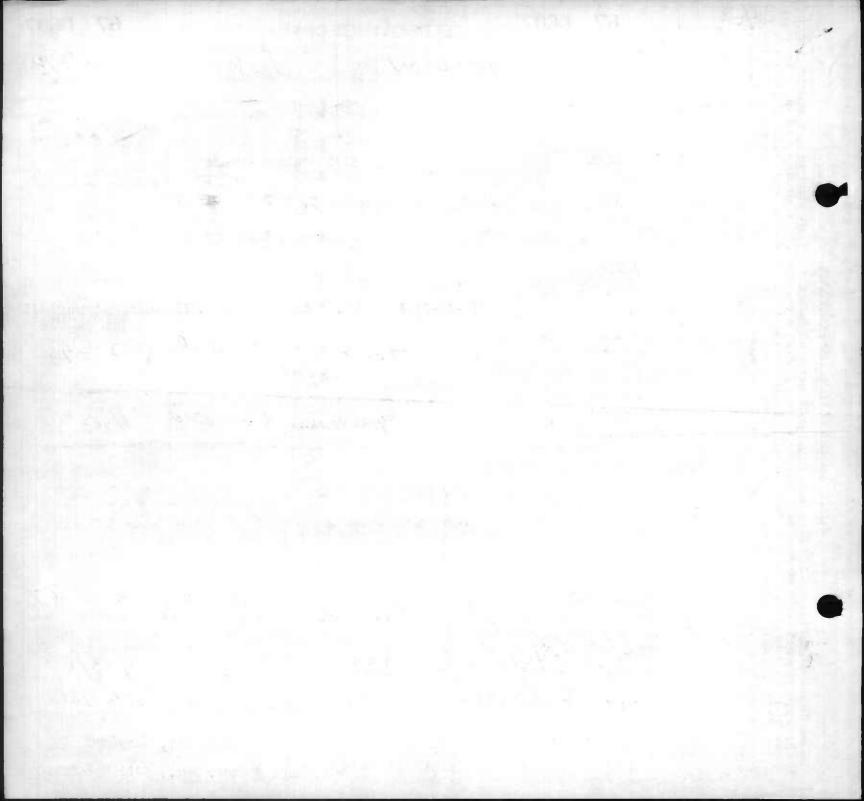


IMPORTANT

FUNERAL DIRECTOR:



7		CD OCOE	BALTIMORE CITY	HEALTH DEPARTMENT		OPM	0.000	
	7	th No. 67 0607	CERTIFICA	TE OF DEATH	Registered Na.	6/	0607	
	1, N	AME OF DECEASED oe or Print) C C C C	0 01 1	2. DATE AND	HOUR OF DEATH	11	400	
	1	PLACE OF DEATH IN BALTIMORE MARYLAND	EDELSON	4. USUAL RESIDENCE (Where	3/67	1 7	1 M.	
	3. F	LACE OF DEATH IN BACILMORE MARIEAND		A. STATE B. COUNT		itution; residence beto	ire admission)	
	-	FULL NAME OF (If not in haspitol or institution address or lacotion)	on, give street	Maruland C. CITY OF TOWN (II outs	ide city limits write PII	IRAL and give towns	hin)	
	11	NSTITUTION		Baltimore D. STREET ADDRESS (If rurol, give lacotion)				
1	4							
9	-	Sinai Hospital	APP AIRTON ALABAGE	3713 Boarman Avenue				
5	5. S	WIDO	WED, DIVORCED (specify)	lo		If Under 1 Yr. If I Manths Days Hau	Under 24 Hrs.	
2	FO	emale White USUAL OCCUPATION (Give kind of work 10B, KIND	OF BUSINESS OR INDUSTRY	October 5 1907	n country	12. CITIZEN OF	1	
5	dane	e during mast of working life, even if retired)				WHAT COUNTR	RY?	
100	13.	Housewife At	Home	Baltimore, Ma 14. MOTHERS MAIDEN NAM	hyland.	USA		
2		Bernard Adler		Fannie ?				
	15. \	Was Deceased Ever in U. S. Armed Farces? s,na ar unknawn) (If yes, give war ar dates of service	1 6. SOCIAL	17. INFORMANT		ADDRESS		
2	(,,,,,	No	214-12-3951	Mr. Aaron Ede	PANN 3713 B	Roamman Aug	NIIO #15	
		18. 420. / 1	CAUSE O	DEATH	3713 5	INTERVAL B	ETWEEN	
ODISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease,						Vda		
		(This does not meon the mode of dying,		O Politi	[COL C EVI	24.0	7.)	
0		heort foilure, osthenio, etc. It meons the disectinjury or complication which coused death.)	ose,	sug as on				
0		ANTECEDENT CAUSES	DUE TO	}/				
are		DISEASES OR CONDITIONS, if ony, giv		pu feusive 6	Udistree	10403		
UNDERLYING CONDITION last.								
E	N	OTHER SIGNIFICANT CONDITIONS CONTRIBU						
D	ATIC	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE					
L	ERTIFIC ATION	19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes ar Na)	20 B. IF YES, WERE FIN	NDINGS CONSIDERE	D	
O Le	CER	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	ar about 21 C. WHERE DID	(If in Baltimare (City, give exact loca	tian)	
Der	AL	OR CONTRIBUTING CAUSE OF DEATH (natily medical exominet)	hame, form, foctory, street, af etc.)	fice bldg., INJURY OCCUR?				
D 21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?								
alle	ME	(APPROX.)	While At Wark			/		
000	22, 1 centify that (1) (this haspital) attended the deceased fram that (1) (we) last saw the deceased alive an							
90								
and haur and fram the causes stated abave (1) (We) (did) (did nat) view the bady after death.						23B. DATE SIGNED		
E		Fig. (Ka.	M.D. AHE	nding Med.	Staff	1/13/	67	
B		23C. PHYSICIAM'S		Director F	Phys.	1 1		
010		NAME (Type) LEDN E. KITSSEL M.D. 350/ St Paul St Bulto Hd 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (St REMOVAL (Specify)						
9	24A							
0	Burial 1/15/67 Adath Jeshurun Baltimore, Maryland							
	25 A		AE OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRES	SS	
>	1/5	150-REV 1/1/65	CINE CI ACRIBEO, CA	Sol Levinson &	Bros. Inc.,	, 6010 Reis	terstown	



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death.

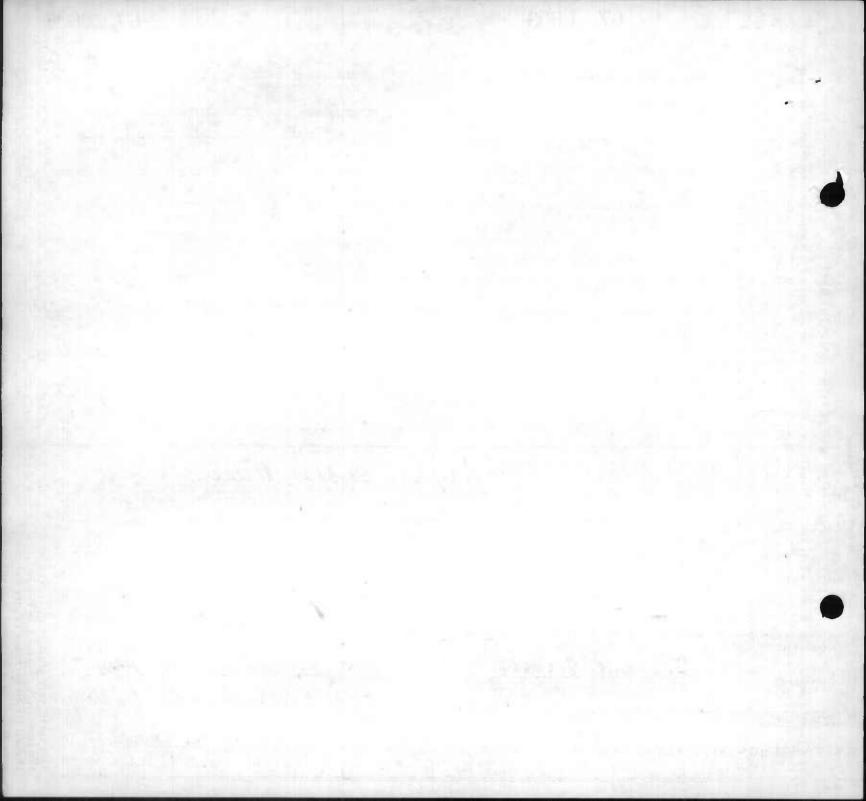
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hospital

BIRTH NO. M.E. CASE NO.	18	TE OF DEATH	Registered No.	67 0608	
1. NAME OF DECEASED	WALMAN		ND HOUR OF DEATH		
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospitol or institution, give street oddress or location) INSTITUTION 7010 Wallis Avenue		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before adm A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 7010 Wallis Avenue			
5. SEX 6. RACE Male White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowet	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours N	
	108. KIND OF BUSINESS OR INDUSTRY Baker	11. BirthPLACE (State or for Poland	eign country)	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Shepsel Walman		14. MOTHER'S MAIDEN NAME Shendel ?			
15, Was Deceased Ever in U. S. Armed Forces? (Yes, no or ynknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.		17. INFORMANT		ADDRESS	

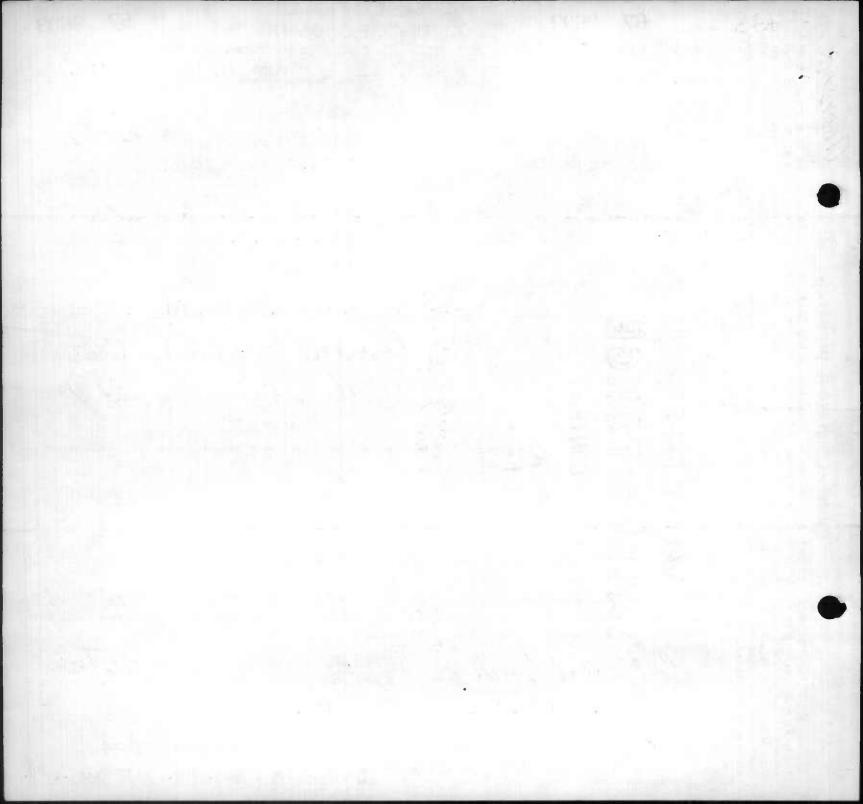
M. 3. PLACE OF FULL NA/ HOSPITAL INSTITUTIO 5. SEX Male IOA. USUAL done during m 13. FATHER'S 15. Was Dec (Yes, no or wn CAUSE OF Walman 7010 Wallis Avenue Morris INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, heart failure, osthenia, etc. It means the disease, injury or complication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, to the above couse (A) stoting the UNDERLYING CONDITION lost, CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO DISEASE DR CONDITION CAUSING IT. 198, CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) etc.) MEDIC (Hour) (Month) (Doy) (Yeor) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (lost saw the deceased alive an and that in (my) (cor) opinion death accurred on the date and hour and from the couses stated above. (1) (We) (did) (did not) view the bady after death. 23A, SIGNATURE 23 B. DATE SIGNED M.D. Attending Phys. Med. Director Stoff Phys. 23 D. ADDRESS

23C. PHYSICIAN'S NAME (Type) BURGIN 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) 1/15/1967 Brai Israel Maryland 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR ADDRESS 25C. FUNERAL DIRECTOR Levinson, & Bros. 6010 Reisterstown Road VS 150-REV. 1/1/65

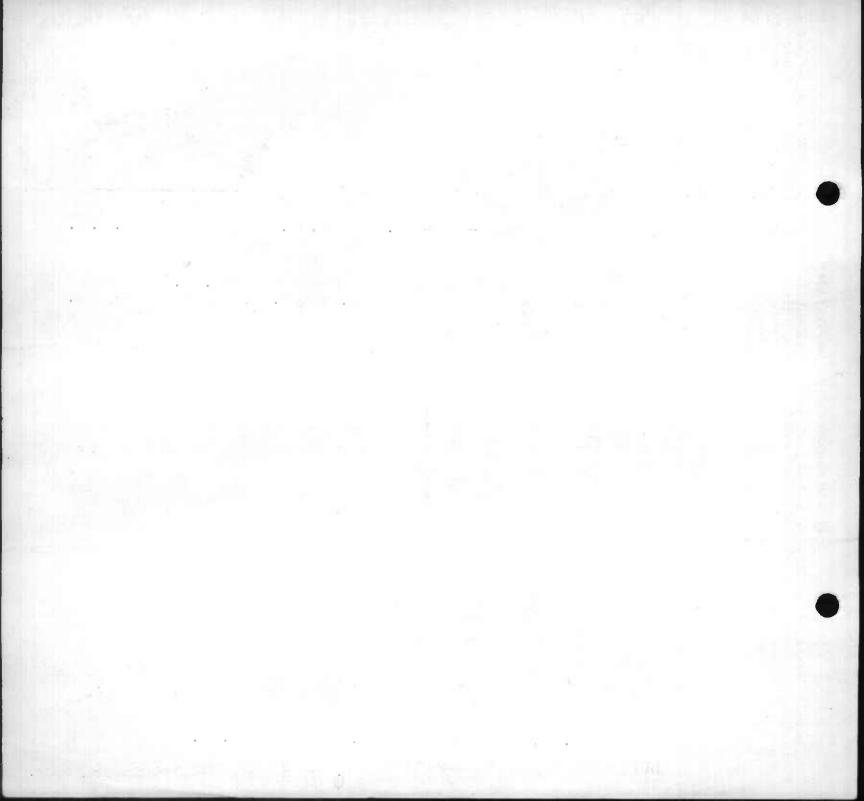


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such medical and the contribution is made. approved

#.	CT 0000	BALTIMORE CITY	HEALTH DEPARTMENT		CM 000-		
BIF	ятн NO. 67 0609	CERTIFICA	TE OF DEATH	Registered No	6/ 0609		
1.	.E. CASE NO. NAME OF DECEASED			D HOUR OF DEATH			
(1)	ype or Print) Samuel Goldm PLACE OF DEATH IN BALTIMORE, MARYLAND	an	Januar	y 14, 1967	10 P. M. stitution: residence before admission)		
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT	e deceased lived, If in: TY	stitution: residence before admission)		
	FULL NAME OF (If not in hospital or institution oddress or location)	n, give street	Maryland C. CITY OR TOWN (If outs				
	INSTITUTION			side city limits, write R	URAL ond give township)		
	35		D. STREET ADDRESS (If I	urol, give location)	0 07		
-	Church Home Hospital		1902 E. Balti	more Street			
S.	SEX 6. RACE 7. MARRI	ED, NEVER MARRIED WED, DIVORCED (specify)		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	Male White Wid	lower		67			
	A. USUAL OCCUPATION (Give kind of work 10 B. KIND ne during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?		
L	Proprietor Pri	nter	Washington D. 14. MOTHER'S MAIDEN NAM	С.	USA		
	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE			
	Isadore Goldman		Rosa Walker				
1 S.	. Was Deceosed Ever in U. S, Armed Forces? es,no or unknown) (If yes, give wor or dotes of service	e) SECURITY- NO.	17. INFORMANT		ADDRESS		
	No	216-32-7383		Goldman, 131	5 St. Albans Way # 8		
	18. 4 20,1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	ON THE TO	he man a rece Vers	ullin	. allet		
	(This does not meen the mode of dying, e.	.9 2 3 BUE TO	verbigg since	repensel	9 00000		
	heort foilure, osthenio, etc. It means the diseo injury or complication which coused death.)	Se. APP OCAL	to 11 0		21 112		
	ANTECEDENT CAUSES	VVIV: N) V	·	- W / J / S			
	DISEASES OR CONDITIONS, if ony, givinise to the obove couse (A) sloting to						
	UNDERLYING CONDITION loss.						
	. II	EOS					
Į.	OTHER SIGNIFICANT CONDITIONS CONTRIBUT	INGE UEV					
IFIC A	DISEASE OR CONDITION CAUSING II.	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED		
RTF	WAS PERFORMED			IN CERTIFYING CAL	JSES OF DEATH?		
CALCE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY(e.g., inhome, form, foctory, street, oretc.)	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact locotion)		
EDIC		21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?			
2	(A PROOV)	While At Work Not While At Work					
	22. 1 certify that (1) (this haspital) attended	d the deceased from	8/25 1	9 44 10	1/14 1967.		
	that (1) (we) last saw the deceased alive a	n 1/20			nian death accurred an the date		
	and have and from the causes stated abave. (1) (We) (did) (did not) view the body after death.						
	23A. SIGNATURE	1			23 B. DATE SIGNED		
	C. Pareand our	M.D. Atte	ending Med. Director	Stoff Phys.	1/16/67		
	23C. PHYSICIANS NAME (Type)		23D. ADDRESS				
	Dr. Edward C.	Leach M.D.	14 E. Eage	r Street			
24	A. BURIAL CREMATION, 248. DATE REMOVAL (Specify) 24C	NAME OF CEMETERY OF CR	MATORY 24D. LO	CATION (Cit	ly, town, or county) (Stote)		
	Burial 1/16/67	Hebrew Friendsh	ip	Baltimore.	Maryland		
25	A. DATE REC'D BY NEALTH DEPT. 258 NAM	Hebrew Friendsh	2SC. FUNERAL DIRECTOR		Maryland Address		
1	150-REV. 1/1/65	eillic, schlesoff	politevinson 8	Bros. Inc.	, 6010 Reist., Rd.		
V 3	13U=06 4 1/1/03						



-	0040	BALTIMORE CITY	HEALTH DEPARTMENT		67 0040
	BIRTH NO. 67 0610 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na	Un Un Ui
	I. NAME OF DECEASED	ederick		17 1967	, E , A
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	- EUEFICK	4. USUAL RESIDENCE (Where	e deceosed lived. If in	stitution: residence before admission
	FULL NAME OF (If not in hospital or institution oddress or location)	on, give street	12	side city limits, write	Bolto. 29 Mo RURAL ond give towyship)
	Gon Secours +	105pita/		urol, give location)	1/28-04
	5. SEX 6. RACE 7. MARRI	ED, NEVER MARRIED	B. DATE OF BIRTH	AGE (In years)	If Under 1 Yr If Under 24 Hrs
	Male White Mile	WED, DIVORCED (specify)	11/11/95	ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign	gn caufitry)'	12. CITIZEN OF WHAT COUNTRY?
	16/17-61	cer- Self- Emp.	Balto. Md.		U. S. A.
	13. FATHER'S NAME	/ , ,	14. MOTHER'S MAIDEN NAM		,
	Frederick Little	drich	Catherine	Balto. Md.	Z
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service	e) SECURITY NO.	17. INFORMANT	Balto. Md.	ADDRESS
	unknown 1918		Mrs. Emily C. He	edrich 4711	Amberley Ave.
	18. / 63 X I	CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(auson D	the V	ues
	(This does not mean the mode of dying, e	e.g., DUE TO	Paucer of		
	heart failure, asthenio, etc. It meons the disectinjury or complication which coused death.)	150,	U		
1	ANTECEDENT CAUSES	(B)			na wayya a g aqqg g g g g ag g g g g g g g g g g g
	DISEASES OR CONDITIONS, if any, giv				
	rise to the above cause (A) stating UNDERLYING CONDITION last.	1he (C)			56 MBCAN ON ACCES OF THE STATE OF THE STAT
	II				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE			
	19A-DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimare	e City, give exoct locotion)
	21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
	OF INJURY (APPROX.)	While At Not While At Work			
	22. I certify that (I) (this hospital) attende	2		9 66 ta ()	10.17 1967.
	that (I) (we) last sow the deceosed olive of		./ .		nion death accurred on the dote
	and haur and from the causes stated above	. (I) (We) (did) (<u>did nat</u>) v	iew the body after death.		
	23A. SIGNATURE	1)		/	23B, DATE SIGNED
	(fg to (- do		s. Director	Stoff Phy s.	JAN. 17, 1967
	23 C. PHYSICIAN'S NAME (Type)	ERIO M.D.	BON SECO	URS 1	HOSPITAL
	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	NAME of CEMETERY OF CRE			ty, tawn, ar county) (State)
	Bruial Jan. 20, 196	7 Loudon Park	Cem. Ba	lto. Md.	
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAN	NE OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS .
	JAN 20 1967 R. Cut	E, Saldyma	G Truman Sch	vab 3512 Fre	ederick Ave. Balto. N
4	V\$ 150-REV. 1/1/65	C 1 C	000	7	



	0.00
	n a hospital and cause of death use; (5) Deceased tendance on the ro death. Such (
	papproved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decassed al (except where the physician who pronounced death was in regular attendance on the h; and (6) No physician was in regular attendance on the deceased prior to death. Such (be obtained before the remains are embalmed or final disposition is made.
R: IMPORTAN	ner or his assistan er. Also, if the d cture of any kind; pronounced deati ar attendance or balmed or final d
FUNERAL DIRECTOR: IMPORTANT	medical examine medical examine dy burns; (3) A fract physician who pician was in regulate remains are em
FUN	approved by the chi o the hospital by a any nature; (2) Bo (except where the); and (6) No physi e obtained before t
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY	HEALTH DEPARTMENT	6P 66.
BIRTH NO. 67 0611	CERTIFICA	TE OF DEATH Registered No	. 67 0611
1. NAME OF DECEASED		2. DATE AND HOUR OF DEAT	Н
(Type or Print)	,	7437 24 20/5	1 = 0 = 0 = 10
BUCK MRS BERNADINE C		JAN 18 1967	12:50 P.M. A
S. PLACE OF DEATH IN BALTIMORE, MARITANE	'	A. STATE B. COUNTY	institution: residence before admission
		2222 GRAYTHORN ROAD	Bultar
FULL NAME OF (If not in hospital or institution) HOSPITAL OR oddress or location)	Jion, give street		1 4000 00
INSTITUTION		C. CITY OR TOWN (If outside city limits, writ	e KUKAL ond give township)
CHURCH HOME AND HOSPI	TAL	BALTIMORE MARYLAN	D 21220 53-00
BALTIMORE, MARYLAND		D. STREET ADDRESS (If rurol, give locotion)	1
		BALTIMORE CO.	MIC
21231 5. SEX 6. RACE 7. MA	RRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs
	OWED, DIVORCED (specify)	lost birthdoy)	Months Doys Hours Min.
PENAL WHITE	MARRIED	8/4/1934 32	
OA. USUAL OCCUPATION (Give kind of work 10 B. KII			12. CITIZEN OF
done during most of working life, even if retired)			WHAT COUNTRY?
HOUSEWIFE		MARYLAND	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0174
CHESTER DOMANSKI		AGNES PARZYNSKI	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of ser	Wice) SECURITY NO.	2	0
NO	≥ 21 6 -30-7943	KOSCOE K. BUCK-	AS IN#4
18. 2 2 0 V I	CAUCE OF		INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY	OVED 233-C		ONSET AND DEATH
LEADING TO DEATH	Z Z Z	Anoxid	1
	.00		hours
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis	BIO DOE TO BIO	ood loss during esection of presici	
injury ar camplication which coused death.)	A 300	ood loss during	hours
ANTECEDENT CAUSES	₩ (B)	esecti	1 1000
	DUE TO	or presici	ra/
	giving \ \ s	mass	
rise to the obove cause (A) stating UNDERLYING CONDITION lost.			
UNDERCTING CONDITION 10SI,	E S &		
	= 1 12		
O THE DEATH BUT NOT RELATED T	ਹਾਲਿੰਫ ਤੋਂ		
OF OTHER SIGNIFICANT CONDITIONS CONTRIED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	○ 1Bt		
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208. IF YES, WER	E FINDINGS CONSIDERED
WAS PERFORMED) 1	IN CERTIFYING (CAUSES OF DEATH?
2/ 1-18-61 Pres	FICKAL MIEZ	No	
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of	or obout 21C. WHERE DID (II in Boltin	nore City, give exact location)
DEATH (notify medical examiner)	etc.)	ince bidg., INJURI OCCUR:	
0			
OF INJURY (Month) (Doy) (Year) (Hour	21E INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
₹ (APPROX.)	While At Not While		
	Work At Work		
22. I certify that (4) (this hospital) atten	ded the deceosed from	Jan 17 1967 10 V	13 N 18 1967
that (I) (we) lost sow the deceased alive	20 Jan. 18	1 3	pinion deoth occurred on the dot
		· ·	prinon doom occorred on me do
and hour and from the causes stated abo	ve. (1) (We) (did) (did not) v	iew the body ofter death.	
23A. SIGNATURE			238. DATE SIGNED
allerit	M.D. Atte	ending Med. Staff	1-18-67
- Joseph Call	Phy:		1-10-6/
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
Altred	· COA M.D.	Church Home	4 Hospital
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	4C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or county) (Stote)
2012/11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	DILLAMEY IIm.	IEV ME Zum	PA WIN
DUKING 1/21/81	VETIVE! UNC	LEY MEM. BALTO. C	
() ()	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
JAN 20 1967 R.C.	no E. Janberta	1 Dende Thalle	whenlack, RA
VS 150-REV. 1/1/65	7 6 7 0 1	0 0	11
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BIRTH NO.

M.E. CASE NO.

(Type or Print)

1. NAME OF DECEASED

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH January 14, 1967 11.15 A 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A, STATE
B, COUNTY C. CITY OR TOWN (II outside city limits, write RURAL and give township If Under 1 Yr. If Under 24 Hrs. Hours : Min. Hours

12. CITIZEN OF WHAT COUNTRY?

ADDRESS

City, give exact lacation)

INTERVAL RETWEEN

ONSET AND DEATH

METE CHOLIES Acate sycamore upod 3 de Selmoney sellen SHIP! The Johns Hoplain TAH-HSicong Hsul

		BALTIMORE CITY	HEALTH DEPARTMENT		CM	0012
	BIRTH NO. 67 0613 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	67	00.13
	1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE MARYLAND	ANRLIN BU	2. DATE AND	HOUR OF DEATH	titution reside	945/PK
	FULL NAME OF (If not in hospital or institut) HOSPITAL OR address or location)	on, give street	MARYCAN	ide city limits, write R		
3	UNIVERSITY HOST	PITAL	"BALTIMO,	rol, give locytion)	21-	02
		IED, NEVER MARRIED	B. DATE OF BIRTH 19.	RC eVI	S/	7. If Under 24 Hrs.
	M W WOO	1D6Web	3.25.80	st birthdays 6	Months Doy	s Hours Min.
		udell Glass	Fud.		12. CITIZEN WHAT	OUNTRY?
2	Jesse Benso	N	EMMA	POLTON	J	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of serving)	16. SOCIAL SECURITY NO.	17. INFORMANT CATHERI	Ne s	HAD	DRESS
	DISEASE OR CONDITION DIRECTLY	CAUSE O		05.0		RVAL BETWEEN SET AND DEATH
	(This does not mean the mode of dying, heart failure, asthenio, etc. It means the diserinjury ar camplication which caused deoth.)	e.g., DUE TO	RC/NOMA	Or S	1011	7, 0, 1
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gives the second course (A) stating UNDERLYING CONDITION lost.					Y
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.					
	198. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CO JSES OF DEA	N SI DERED TH?
	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or oboy! 2°C. WHERE DID iffice bldg., INJURY OCCUR?	(If in Boltimore	City, give ex	oct location)
	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work At Work		RY OCCUR?		
100 00	22. I certify that (1) (this hospital) attended that (1) (we) last saw the deceased alive	on 1/8/6	19and tho	in(my) (our) opir		ccurred on the date
	ond haur and from the causes stated above 234 SIGNATURE LLAUT 23C. PHYSICIAN'S	M.D. Atte	ending Med.	Stoff Phys.	23B. DATE SI	GNEDY 7
50000	NAME (Type) STUART	L. FINON.O.	Muyesit	Hos	7	
	Buil 1/21/67	Western	Cem.	Salte	y, wn, or co	R
	258. NAA 258. NAA 258. NAA VS 150-REV. 1/1/65	of E Forburg	John J. Co	wer +	Con In	ADDRESS
			The second second	004	000	

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IMPORTANT DIRECTOR: FUNERAL

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13 13 WINELEN YOUR

MARRIED 03-11-78 MALE WHITE 88

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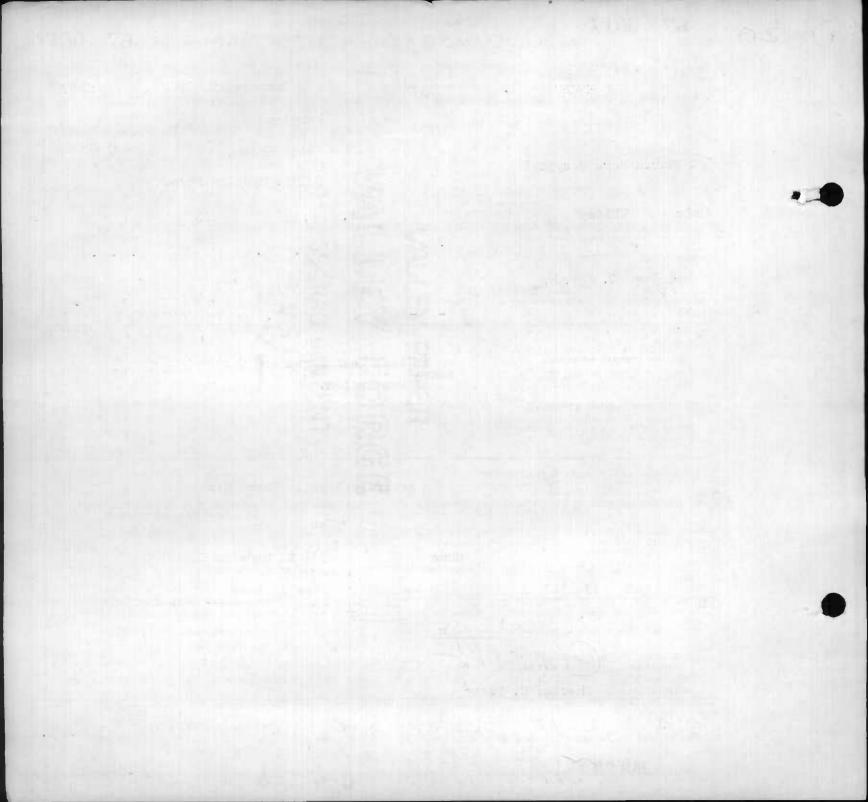
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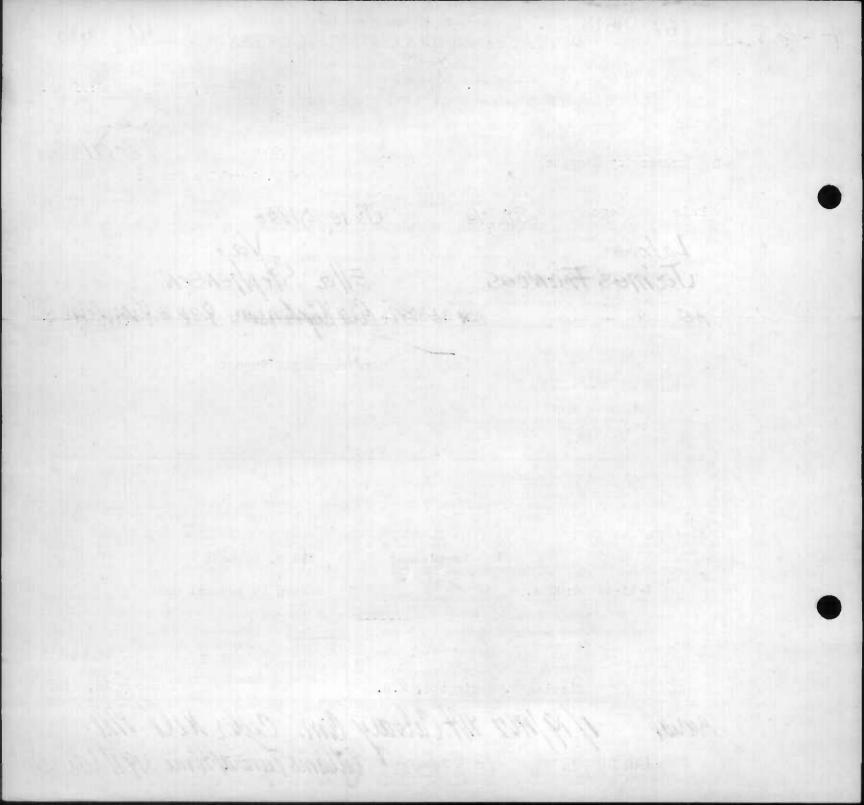
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Triffspe Brings-FRIETZEFUR BERNSSEN CHNICK NERBERT TO THE

	1. NAME OF DE	CEASED				2. DATE AND H	OUR PRONOUNC	ED DEAD	
	(Type or Print)	HARRY	R.	DAVIS		Januar	y 15, 196°	7 4:50 4	Α
	3. PLACE IN BAL	TIMORE, MARYLAND,			4. USUAL RESID	EN CE (Where dec	eosed lived, If inst	itution: residence before or	dmission)
	FULL NAME OF	(IF NOT IN HOSP	TAL OR INSTITU	JTION, GIVE STREET		aryland	rnorate limits writ	e RURAL and give townsh	lain
	HOSPITAL OR	ADDRESS OR LO	CATION			altimore		1-114	
	Churc	ch Home Hosp	ital			RESS (If rural, giv	e location)	101	
							eira Stre		
-	5. SEX	6. RACE	WIDO WED,	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT	1	9. AGE (In years lost birthday)	Months Doys Hours	Min.
	Male	White	divor	COC	Aug. 13	1	63	12. CITIZEN OF	
		working lite, even if retired	f)				onny)	WHAT COUNTRY?	
	13. FATHER'S NAM		1.61.0118	ant Seaman	14. MOTHER'S M	O . Md .		U.S.A.	
	Charl	es R. Davi	ls		Ma	tilda Be	era		
	15. WAS DECEASE	ED EVER IN U.S. ARM	ED FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT		Marle	y Neck Rd.	
	no	none		576-12-606	4 Charl	es T. Da		te 1 Box 12	4
	18.	16,0		CAUSE	OF DEATH	134		INTERVAL BE ONSET AND	
	DISEA	SE OR CONDITION LEADING TO DEA	DIRECTLY	p. 1.	4 77 4 D	1.0	1		
	(This does	not meon the mode	of dying, e.g.,	(A) Kadiar	nt Heat Bu	rns and (arbon Mor	oxide	
	injury or co	heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.) Intoxication.							
		ANTECEDENT CAU		(B)					
	RISE TO TH	OR CONDITIONS, IF TE ABOVE CAUSE (A) NG CONDITION LAS	STATING THE	DUE TO					=
		NG CONDITION LAS	1.	(C)				**************************************	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
	TO THE DEATH BUT NOT RELATED TO THE Arteriosclerotic Heart Disease.								
	19A. DATE OF	F OPERATION 198. CO	ONDITION FOR	WHICH OPERATION	20A. AUTOPSY			NDINGS CONSIDERED	
	000		ERFORMED		Yes		CERTIFYING CAU		Yes_
		OR CONTRIB-	home	PLACE OF INJURY (e.g., , form, foctory, street,	in or about 21C. V	HERE DID (If in	Boltimore City, gi	ve exoct location)	
	4	JSE OF DEATH.	etc.)	Home			eira Stree	et 1-04	
	OF INJURY (APPROX.)			THE INJURY OCCURRED WHILE AT NOT		OW DID INJURY			
	22.	1 15		WORK AT W	ORK X F1	re in hon	ne.		
	cer	tify that I held an					asis, death in r		
	resu	Ited fram: Natural o	auses	suiciden X Suicide	_		etermined mann	er	
	ACTUA	L 0/	, 1	1-		EDICAL EXAM		DATE SIG	NED
	SIGNAT	URE	ailes 3	M.D.				1/15/67	7
				// .	ASSOCIATE M	EDICAL EXAM	INER	-,, -,	
	EXAMIN NAME (les S. Pe	etty					
		Type) Char	les S. Pe	C. NAME OF CEMETERY O		23D. LOC		, town, or county) (Stote)

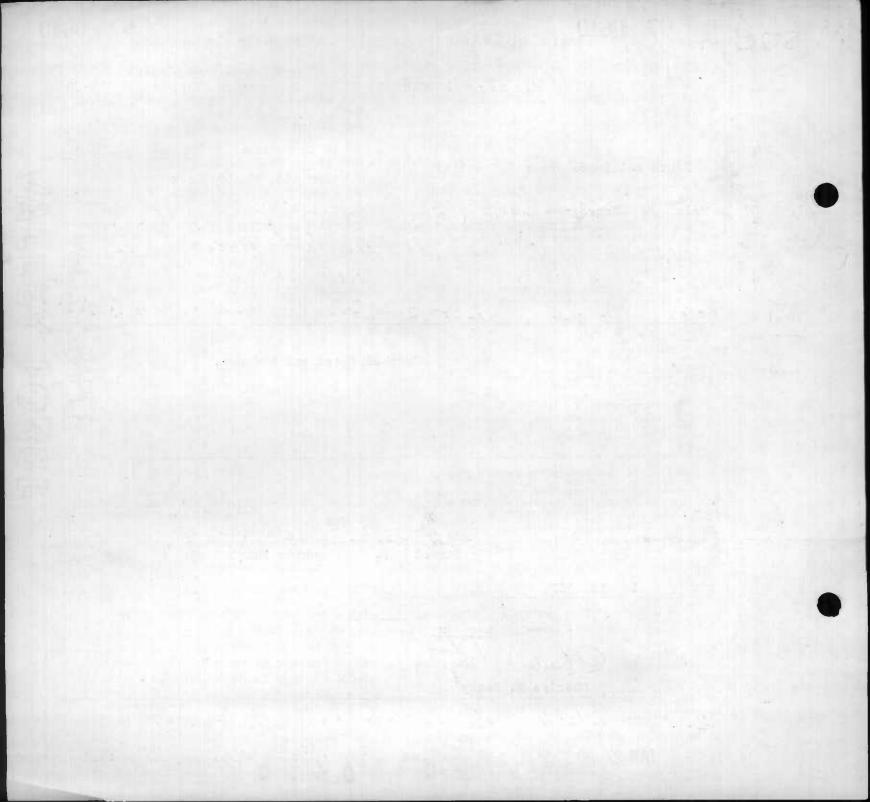


67	10.10				IN DEPAKIMEN			67	0618
BIRTH NO.	MEDI	CAL EX	AM	IINER'S C	ERTIFICAT	E OF DEA	TH Registe	red Na	00.00
M.E. CASE NO.									
1. NAME OF DECEASE (Type or Print)	D	DOGED	-	TDANGEG		2. DATE AND HOU	R PRONOUNC	ED DEAD	
77		ROGER	L.	FRANCES			15, 19		8:55 A
3. PLACE IN BALTIMOR	E, MARYLAND, WI	HERE PRONOL	INCED	DEAD	4. USUAL RESIDI	ENCE (Where decease	ed lived. If inst B. COL	itutian: residenc JNTY	e befare admis
FULL NAME OF (I	IF NOT IN HOSPITA	L OR INSTITU	JTION,	GIVE STREET	[]	Maryland	. 10 10	011011	
HOSPITAL OR A	ADDRESS OR LOCA	TION)				VN (If autside carpar	ofe limits, write	KUKAL and g	ive tawnship
3 X Universi	ty Hospital	1		(DOA		Baltimore RESS (If rural, give lo		18-5	2/
aa	cy nospica.	,		(2011		936 W. Fran		reet	
5. ŠEX 6. RA	CE	7. MARRIED,	NEVER	MARRIED	B. DATE OF BIRTH	1 9. /	AGE (In veors	If Under 1 Y	Yr. If Under 24
	Negro	WIDOWED, I			7- 1	A 100 last	AGE (In years birthday)	Manths Day	S Hours A
IOA. USUAL OCCUPATION		TOB VIND OF	PAC	ESS OR INDUSTRY	CILNE 10	1/426	40	10 CITIZEN (05
dane during mast of working		IVE NIND	BUSIN	ESS OR INDUSTRI	III. BIRTHPLACE S	nate ar loreign country	y,	12. CITIZEN C	OUNTRY?
Lapore	of.				14 440 7115 715	VOZ	1		
3. FATHER'S NAME	a a stal	2/2 00			14. MOTHER'S MA	AIDEN NAME	000	. /	
491116	STICI	VUBS	12 4 00		F1/02	W/CP//E	3/VSON	/	
Yes, na arunknawn) (If ye		FORCES? s af service)	16. SO	CURITY NO.	17. INFORMANT	111	N - 1	ADDRESS	11
NO			23/	-26-5899	Clear Ma	BRENSON	4369	W. TAMM	KUMX
1B. F 98	3 4			CAUSE	OF DEATH				TERVAL BETWI
DISEASE OF	R CONDITION DIR	RECTLY						ON	ISET AND DE
LEA	DING TO DEATH			(A)	Cerebrocra	mial injur	ies		
heart failure, asthe	nean the made of enia, etc. It means ition which caused d	the disease.		DUE TO		TY =			
injuly at complica	non which coosed o	ie dillis?							
	CEDENT CAUSES			(B)					
RISE TO THE ABO	ONDITIONS, IF AID OVE CAUSE (A) ST			DUE TO					
_	ONDITION LAST.			(C)					
<u> </u>	II -		_	10/					
OTHER SIGNIFICATION THE DEAT DISEASE OR CON	ANT CONDITIONS	CONTRIBUTION	NG.						
TO THE DEAT	TH BUT NOT REL	ATED TO T	HE						
19A. DATE OF OPER			WHICH	OPERATION	20A. AUTOPSY	? (Yes ar No) 208, 1F	YES, WERE FI	NDINGS CONS	SIDERED
0	WAS PERF	ORMED			Yes	IN CER	Yes	SES OF DEATH	1?
21 A. EXTERNAL CA	USE WAS	218.	PLACE	OF INJURY (e.g.,	in or about 21C. W	HERE DID (If in Bo		ive exact lacation	an)
UNDERLYING OR OF	DEATH.	etc.)		aundromat	office bldg., INJURY		a.a.de	2	1-01
7	nth) (Day) (Year)	(Hour) 2		URY OCCURRED		10 N. Freme		,	
OF INJURY (APPROX.) 1-15			VHILE /					7	
22.	6-67 6:00	A. m. v	VORK	ATW	WHILE X Be	aten by ser	veral ma	iles	
	hat I held an In	iquiry 🗌	Insp	ection Aut	apsy X and	l that an this basi	s, death in n	ny apinian	
resulted for	rom: Natural cau	ses A	ccide	nt Suicid	e Hamicia	de X Undeter	rmined manne	er 🗌	
	100 1	\cap	1	-	CHIEF ME	EDICAL EXAMINE	ER		
ACTUAL	Clience	J. X	2	20	ASSISTANT ME	EDICAL EXAMINE	ERX	D	ATE SIGNE
SIGNATURE. EXAMINER'S		7	7		ASSOCIATE M	EDICAL EXAMIN	ED		
NAME (Type)	. ('harri	es S. S	pri	ngate, M.I	·	CPICAL EXAMIN	'_ J	anuary 1	16, 1967
23A. BURIAL CREMATIC	ON, 238 DATE	230	C. NAN	NE OF CEMETERY	CREMATORY	23D. LOCATIO	N (City,	, town or count	(State
REMOVAL (Specify	1/10	119117	97	4 Carin	1111 11/11	1 Mistin	1 1/1	11/1/	4.
24A, DATE REC'D BY H	EALTH DEPT.	24B. NAME	OF RE	GISTRAR	24C. FUNEA	AL DIRECTOR	1111	ADD	ESS /
(.)			0	7 0	1 2/1//2	17	111	0.00	11.6
IAN	2.0 1967 (10 0 50	2	the three Most	F VIII IIAA	MINNIN X	10 HAMI	1 3/01/	MANIA



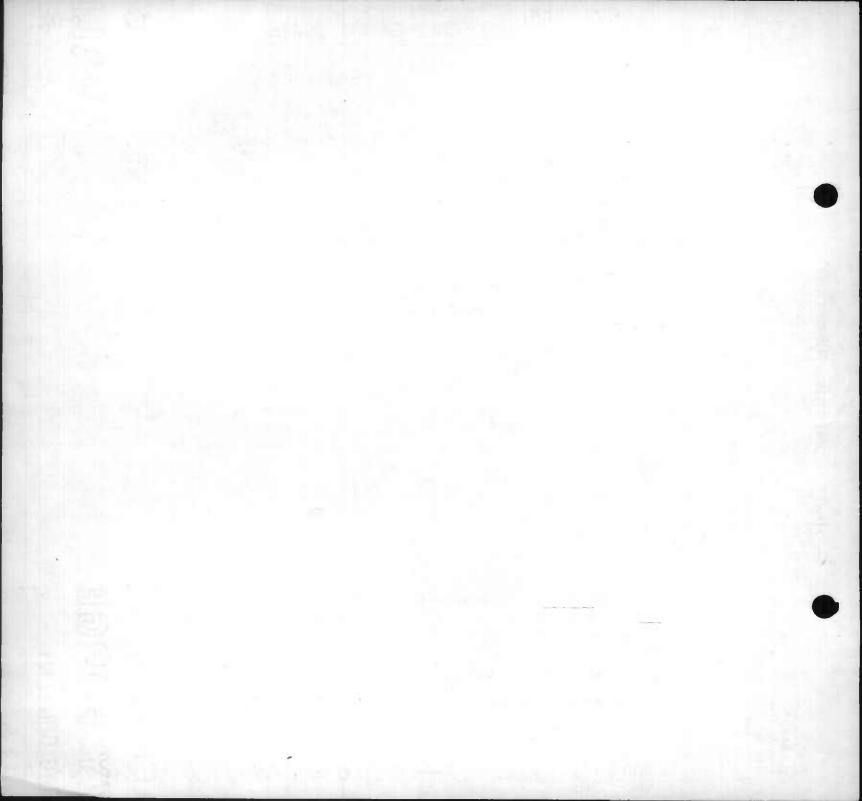
1 BALTIMORE CITY HEALTH DEPARTMENT 67 0619 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR PRONOUNCED DE	
JAMES Reser MAHONEY January 18, 1967	12:50 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution:	residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURA	Anne Arundel
Glen Burnie	20-00
South Baltimore General Hospital Box 115, Marley Neck Roa	d
	nder 1 Yr. If Under 24 Hrs.
	ths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)	ITIZEN OF
	HAT COUNTRY?
13. FATHER'S MAME	70.1
JOHN MAHONEY ADA HARRIS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO.	
165 unil 216-18-9264 JEANNETTE MANONCY-C/E	NBORNIE MY
178. CAUSE OF DEATH	INTERVAL BETWEEN
E 8 / 9, TT	ONSET AND DEATH
DISEASE OR CÓNDITION DIRECTLY LEADING TO DEATH Crushed Chest and Abdomen	
(A) Of abited offent and industrial.	
(This does not meen the mode of dying, e.g., DUE TO heort foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	
They or compression which could decim	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	******
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	100
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B.) F YES, WERE FINDING IN CERTIFYING CAUSES OF YES	
21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exa	ct location)
OUNDERLYING CONTRIB-	
Street Hawkins Point Road	25-05
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
(APPROX.) 1 15 '67 A WHILE AT NOT WHILE X Driver of auto into fix	ed object.
22. I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opi	nion
resulted from: Natural causes Accident X Suicide Homicide Undetermined monner	
CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE (Carles) (city M.D. ASSISTANT MEDICAL EXAMINER X	DATE SIGNED
	1/18/67
EXAMINER'S NAME (Type) Charles S. Petty ASSOCIATE MEDICAL EXAMINER	1 -1 -1 -1
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town,	or county) (Stote)
REMORAL (Specify)	
Dunes 1/20/6/ /3AL1010/11/0000 / JALTO!	
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR	ADDRESS
JAN 20 1967 O Cato E. Fallouma Manhar phlup 638	w Coumber S
VS 151-REV. 1/1/65	



T	-241	-
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such	
•	death occurred in or contributing Undetermined covers in regular after deceased prior	ocition is made
IMPORTANT	or his assistant if Also, if the direcre of any kind; (4) nounced death wattendance on th	Imad or final dien
FUNERAL DIRECTOR: IMPORTANT	edical examiner. urns; (3) A fracturysician who pror	manine are amina
FUNERA	red by the chief m hospital by a menature; (2) Body by spt where the ph 1 (6) No physician	weight and mile he obtained before the remainer are embalmed or final disposition is made
•	This certificate must be approved the body was released to the shows: (1) An accident of any reas D.O.A. at a hospital (excedesed prior to death); and	and must be obta
	This certifica the body was shows: (1) An was D.O.A. a deceased pri	Western and

	67 0620	BALTIMORE CITY	HEALTH DEPARTMENT		67 0620			
	H NO.	CERTIFICA	TE OF DEATH	Registered No.	D/ LIDZU			
1. N.	CASE NO. AME OF DECEASED o or Print)	1 1 . 1/	2. DATE AN	D HOUR OF DEATH	153			
	1166461	AKAH	1-	17-61	pm M.			
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	· ·	A. STATE B. OOUN	e deceased lived. Il instit	tution: residence before odmission)			
	ULL NAME OF (If not in hospital ar institut	tion, give street	MAKY.	KANA				
	OSPITAL OR address or location)	//	C. CITY OR TOWN IN out	side city fimits, write RUI	RAL and give township)			
	+ 1/ /	// /	BAXTIV.	rioke	0-03			
	Sohre Manters 1	handal	D. STREET ADDRESS	rural give lacation)	Ment			
5. \$	EX 6. RACE 7. MAR	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.			
J. 3		OWED DIYORCED (specify)	7-11-31	last birthdoy 35	Aanths Days Haurs Min.			
	USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?			
dan	Apripa most of working life, even if retired		MARYJA	Nd	11,801			
13	THER'S NAME	1 /	14. MOTHER'S MAIDEN NA	MEN / //	aci O jour			
1	HARLES WORD	ey	IVIARI	hAH-				
15. V (Yes	Nos Deceosed Ever in U. S. Armed Forces? .no or unknown) (If yes, give war or dates af serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
	NO	7.19-76-9841	SARAH (hHx	SXN 2731	E. PESTAN ST			
	18. 593 X I	CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH			
1	DISEASE OR CONDITION DIRECTLY	J	001 01	(1 1)	2 (10			
	LEADING TO DEATH (This does not meen the mode of dying,	e.g., DUE TO	7 14 1400	JUL				
	heart failure, osthenia, etc. It means the dis- injury or complication which coused death.)		011	1	1			
	ANTECEDENT CAUSES	(B)	Kenus Ti	alley	\ 			
	DISEASES OR CONDITIONS, if ony, g	DUE TO	V					
	rise to the obove couse (A) stoting		******					
	UNDERLYING CONDITION Iosi.							
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO	UTING THE			5			
CA	DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar No		IDINGS CONSIDERED			
CERTIFIC	WAS PERFORMED		No	NO NO	ES OF DEATH?			
C	274. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in hame, form, factory, street, of	ar about 21C. WHERE DID		City, give exact lacotion)			
CAL	DEATH (natily medical examiner)	etc.)	ince bidg., INSORI OCCOR:					
	21D. TIME (Manth) (Day) (Year) (Haur)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
\$	OF INJURY (APPROX.)	While At Nat Whit	e		/			
	22. I certify that (I) (this haspital) attended the deceased from 19 5 to 19 6 to that (I) (we) last saw the deceased alive an 19 5 and that in (my) (aur) apirion death accurred an the date							
			/	(30)				
	ond hour and from the courses stated obove. (1) (We) (did) (did not) view the bady offer death. 23A. SIGNATURE							
	X hourself)	M.D. Atte	ending Med. Director	Staff Phys.	110/17			
	23C. PHYSICIAN'S		23D. ADDRESS	rily s, m_	111/6/			
	Sherrard Hay	M.D.	The Johns H	onking Hosr	ni + 21			
24A	BURIAL CREMATION, 24B. DATE 2	4C. NAME of CEMETERY OF CR			taws, or county) (State)			
	12110101 1-23-67	MT ALQU	PN 12	NITO NA	d			
25 A	DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C, FUNERAL DIRECTOR	ANIUI /V	ADDRESS //			
		158 Farkerma	a stopHi Ka	VIGH1 1/039	N BRONDINDV			
VS	150-REV. 1/1/65		I DOWN WITH	11/11/40/	TINDUMY YVI			



a hospital and

occurred in

death was in regular attendance on the

was D.O.A. at a hospital (except where the physician who pronounced

	67 062.	BALTIMORE CI	TY HEALTH DEPARTMENT		67	000
BIRTH NO. M.E. CASE NO	200	CERTIFIC	ATE OF DEATH	Registered Na	07	じりく
1. NAME OF D (Type or Print)	ECEASED	SIE W. CLANTON		-18-67	7:15	5 PM
3. PLACE OF I	DEATH IN BALTIMORE, MA	ARYLAND	4. USUAL RESIDENCE (Whe		stitution: residence be	fore odmissi
FULL NAME HOSPITAL O	R oddress or location	or institution, give street	C. CITY OR TOWN (IF ou	tside city limits, write R	URAL and give town	ship)
T	Janua Hann		BALTIMORE		X-08)
3.3	JOHNS HOPK	INS HOSPITAL	D. STREET ADDRESS (IF	rurol, give location)		
MALE	6. RACE NEGRO	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		9. AGE (In years lost birthday)	If Under 1 Yr. If Months Days Ho	Under 24 h urs Min
	CCUPATION (Give kind of wor of working life, even if retired) RORER	HOD CARRIER	RY 11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNT	RY?
3. FATHERS N	IAME	100,11-11	14. MOTHER'S MAIDEN NA	ME	-	
AN	NAISE GLANT	0 N	AGNES	CLANID	N	
	sed Ever in U. S. Armed Fo		17. INFORMANT	T	ADDRESS	1
NO		217-07-42	OT RUTH CLAI	N/ON 1722	E-LANVA	LE S
1B. 33	3 / X I		OF DEATH		INTERVAL ONSET AN	
DISE	EASE OR CONDITION DI LEADING TO DEATH		CVA		370	.0
	s not meon the made a				3 0-00	1
	amplication which cause		11 4		2.00	
	ANTECEDENT CAUSE	DUE TO	angenery		300	~,
	OR CONDITIONS, if the above cause (A)		41			
LINDERLY	ING CONDITION last.	***************************************		0000-0000000000000000000000000000000000	000000000000000000000000000000000000000	
ONDEREN		-				
	II	CONTRIBUTING				
	ONIFICANT CONDITIONS	ATED TO THE				
OTHER SIG	GNIFICANT CONDITIONS DEATH BUT NOT REL OR CONDITION CAUSING OF OPERATION 198. COI	ATED TO THE IT.	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE I	INDINGS CONSIDER	IED .
OTHER SIGN THE DISEASE OF THE DISEAS	DEATH BUT NOT REL DR CONDITION CAUSING OF OPERATION 198. COI WAS PE	ATED TO THE IT. WITH THE THE THE THE THE THE THE THE THE T	YES	N CERTIFYING CAL	USES OF DEATH?	
OTHER SIGN TO THE DISEASE OF TO THE DISEASE OF THE	SNIFICANT CONDITIONS DEATH BUT NOT REL DE CONDITION CAUSING OF OPERATION 198. COI WAS PEI DENT WAS UNDERLYING IBUTING CAUSE OF	ATED TO THE IT. NOTITION FOR WHICH OPERATION RFORMED 21B. PLACE OF INJURY (e.g. hame, larm, factory, street,	20A. AUTOPSY? (Yes or No. 1	N CERTIFYING CAL	FINDINGS CONSIDER USES OF DEATH?	
OTHER SIGN TO THE DISEASE OF CONTROL OR CONT	BUTING CAUSING CAUSING OF OPERATION OF OPERATION OF OPERATION OF OPERATION IBUTING CAUSE OF Lify medical examine)	ATED TO THE IT. NOTITION FOR WHICH OPERATION RFORMED 21 B. PLACE OF INJURY (e.g. hame, larm, factory, street, etc.)	o, in ar about 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	USES OF DEATH?	
OTHER SIGN TO THE DISEASE OF TO THE DISEASE OF THE	OF OPERATION 19B. COI DENT WAS UNDERLYING BUTING CAUSE OF LIST medical examine)	ATED TO THE IT. DITION FOR WHICH OPERATION RFORMED 218. PLACE OF INJURY (e.g. home, larm, factory, street, etc.) (Hour) 218. INJURY OCCURRED	., in ar about 21 C. WHERE DID affice bldg., INJURY OCCUR?	(If in Boltimore	USES OF DEATH?	
OTHER SIGN TO THE DISEASE OF CONTROL OR CONT	OF OPERATION 19B. COI DENT WAS UNDERLYING BUTING CAUSE OF LIST medical examine)	ATED TO THE IT. NOTITION FOR WHICH OPERATION RFORMED 21 B. PLACE OF INJURY (e.g. hame, larm, factory, street, etc.)	, in or about 21C. WHERE DID affice bldg., INJURY OCCUR?	(If in Boltimore	USES OF DEATH?	
OTHER SIGN TO THE DISEASE OF 19A. DATE 19A. DATE 21A. ACCII OR CONTR DEATH (no 21D. TIME OF INJURY (APPROX.) 22. I certi	DEATH BUT NOT REL DEATH BUT NOT REL DE CONDITION CAUSING OF OPERATION 19B. COI WAS PEI DENT WAS UNDERLYING LIBUTING CAUSE OF LITY medical examiner) (Month) (Day) (Year)	ATED TO THE IT. NOTITION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g. hame, larm, factory, street, etc.,) (Haur) 21E. INJURY OCCURRED While A1 Not Work Not Work Not work	a, in ar about 21C. WHERE DID affice bldg., INJURY OCCUR?	(If in Boltimore	JSES OF DEATH? City, give exact loc-	olian)
OTHER SIGN TO THE DISEASE OF 19A. DATE 19A. DATE 21A. ACCII OR CONTR DEATH (no 21D. TIME OF INJURY (APPROX.) 22. I certi	DEATH BUT NOT REL DEATH BUT NOT REL DE CONDITION CAUSING OF OPERATION 19B. COI WAS PEI DENT WAS UNDERLYING LIBUTING CAUSE OF LITY medical examiner) (Month) (Day) (Year)	ATED TO THE IT. NOTION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g. hame, larm, factory, street, etc.,) (Hour) 21E. INJURY OCCURRED While AI Not Work	, in or about 21C. WHERE DID affice bldg., INJURY OCCUR?	(If in Boltimore	JSES OF DEATH? City, give exact loc-	olian)
OTHER SIGN TO THE DISEASE (19A. DATE 19A. DATE 19A. DATE 19A. DATE 21A. ACCII OR CONTR DEATH (no OF INJURY (APPROX.) 22. I certithot (1) (1)	DEATH BUT NOT REL DEATH BUT NOT REL DEATH BUT NOT REL DEATH BUT NOT REL WAS UNDERLYING UNAS PE DENT WAS UNDERLYING UNAS PE (Manth) (Day) (Year (Manth) (Day) (Year (Month) (Day) (Month) (Day) (Month) (Day) (Month) (Day) (Month) (M	ATED TO THE IT. NOTITION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g. hame, larm, factory, street, etc.,) (Haur) 21E. INJURY OCCURRED While A1 Not Work Not Work Not work	affice bldg., 21F. HOW DID INJ	(If in Boltimore	USES OF DEATH? City, give exact locality, give exa	olian)
OTHER SIGN TO THE DISEASE (19A. DATE 19A. DATE 19A. DATE 10A. CONTR OR CONTR DEATH (no 21D. TIME OF INJURY (APPROX.) 22. I certified that (1) (1)	DEATH BUT NOT REL DEATH BUT NOT REL DEATH BUT NOT REL DEATH BUT NOT REL WAS UNDERLYING UNAS PE DENT WAS UNDERLYING UNAS PE (Manth) (Day) (Year (Manth) (Day) (Year (Month) (Day) (Month) (Day) (Month) (Day) (Month) (Day) (Month) (M	ATED TO THE INDITION FOR WHICH OPERATION REFORMED 218. PLACE OF INJURY (e.g. hame, larm, factory, street, etc.) (Hour) 21E. INJURY OCCURRED While A1	n, in ar about 21C. WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID INJury of the last	(If in Boltimore	JSES OF DEATH? City, give exact loc-	okion)
OTHER SIGNATE OF THE DISEASE (19 A. DATE DISEASE (19 A. ACCIL OR CONTR DEATH (no CONTR DEATH (DENT WAS UNDERLYING DENT WAS UNDERLYING DENT WAS UNDERLYING DENT WAS UNDERLYING (Month) (Day) (Year) Ify that (1) (this barpische) Ify that (1) (this barpische) If you have the decease and from the couses stature	ATED TO THE INDITION FOR WHICH OPERATION REFORMED 21B. PLACE OF INJURY (e.g. hame, larm, factory, street, etc.) While A1 Nat Work Nat	affice bldg., INJURY OCCUR? 21F. HOW DID INJURY 21F. HOW DID INJURY 21F. HOW DID INJURY Alterding Med. Director Director	(If in Boltimore	USES OF DEATH? City, give exact locality, give exa	okian)
OTHER SIGNATE DISEASE (19A. DATE DISEASE (19A. SIGNATE DISEASE	DEATH BUT NOT REL DEATH WAS UNDERLYING (WAS PE LIBUTING CAUSE OF LITY MEDICAL CAUSE (Manth) (Day) (Year LITY MEDICAL CAUSE (Manth) (Day) (Year LITY MEDICAL CAUSE (TYPE) CLANS E (Type)	ATED TO THE INDITION FOR WHICH OPERATION REFORMED 21B. PLACE OF INJURY (e.g. hame, larm, factory, street, etc.) While A1 Nat Work Nat	in ar about 21 C. WHERE DID affice bidg., INJURY OCCUR? 21 F. HOW DID INJury occurs. 21 F. HOW DID INJury occurs. Altending Med. Director 23D. ADDRESS	(If in Boltimore	USES OF DEATH? City, give exact locality, give exa	okion)
OTHER SIGN TO THE DISEASE (19 A. DATE DISEASE (19 A. DISEASE	DEATH BUT NOT REL DEATH WAS UNDERLYING (WAS PE LIBUTING CAUSE OF LITY MEDICAL CAUSE (Manth) (Day) (Year LITY MEDICAL CAUSE (Manth) (Day) (Year LITY MEDICAL CAUSE (TYPE) CLANS E (Type)	ATED TO THE INDITION FOR WHICH OPERATION REFORMED 21B. PLACE OF INJURY (e.g. hame, larm, factory, street, etc.) (Hauri) 21E. INJURY OCCURRED While A1 Nat Work A1	in ar about 21C. WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID INJ Thile	IN CERRIFYING CAI	USES OF DEATH? City, give exact locality, give exa	okian)
OTHER SIGN TO THE DISEASE (19 A. DATE DISEASE (19 A. DISEASE	DEATH BUT NOT RED ROUNDING OF OPERATION 19B. COI WAS PEI DENT WAS UNDERLYING (BUTING CAUSE OF tiffy medical examiner) (Month) (Day) (Year) (Month) (bis barpisco) lost sow the decease and from the couses stature CIAN'S (Type) CREMATION, 24B. DATE (Specify) A. 1-21-	ATED TO THE INDITION FOR WHICH OPERATION REFORMED 218. PLACE OF INJURY (e.g. hame, larm, factory, street, etc.) (Hour) 21E. INJURY OCCURRED While A1 Nat Work A1 W	in ar about 21C. WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID INJ Thile	IN CERTIFYING CAI	City, give exact loci	19 6

HKIN M.D. 24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL CEMETERY OF CREMATORY 2SB, NAME OF I OF REGISTRAR DEPT.

1967

VS 150-REV. 1/1/65

JAN 20

25C. FUNERAL DIRECTOR

ADDRESS

Y = Yditing the Sall as To B-3/6 67 0622

BALTIMORE CITY HEALTH DEPARTMENT

67 0622

BIRTH NO. MED	ICAL EXAMINER'S	CERTIFICA	TE OF DEATH Registe	ered Na.
M.E. CASE NO.				
1. NAME OF DECEASED	THE WOOTH THE	27022	2. DATE AND HOUR PRONOUNCE	
JUSEPH		OFORD	January 19, 1967	1718
3. PLACE IN BALTIMORE, MARYLAND, W		A. STATE Ma	ryland	UNTY
FULL NAME OF (IF NOT IN HOSPIT. HOSPITAL OR ADDRESS OR LOCALINSTITUTION	AL OR INSTITUTION, GIVE STREET	C. CITY OR TO	OWN (If autside corparate limits, write	e RURAL and give township)
		Ва	ltimore	18-0 T
4211 Springd	ale Avenue	D. STREET AD	DRESS (If rural, give location)	
00			11 Springdale Avenu	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIR	79. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min.
Male Negro	Divorced	Sept 6		
10A. USUAL OCCUPATION (Give kind of wor done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUST			12. CITIZEN OF WHAT COUNTRY?
Laborer	Motel		ore, Maryland	
13. FATHER'S NAME		14. MOTHER'S	MAIDEN NAME	
Walter Bedford		Dollie	Queen	
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no arunknawn) (If yes, give war ar date		17. INFORMANT		ADDRESS
	218-01-74	26 Mehl	e Washington 42	11 Springdale /
NO IIB.		SE OF DEATH	O NOTITIES OF THE	INTERVAL BETWEEN
340,0				ONSET AND DEATH
DISEASE OR CONDITION DI	RECTLY	airra Canto	o-Integtinel Hemory	shago
(This does not mean the made of	dying e.g., DIE TO	sive Gasti	o-Intestinal Hemori	rnage
heart failure, asthenia, etc. It means injury or camplication which caused	the disease,			
				17 1 17 25 18 18 18
DISEASES OR CONDITIONS, IF		eding Pept	ic Ulcer of Stomacl	h .
RISE TO THE ABOVE CAUSE (A) S	ANY, GIVING DUE TO TATING THE			175
UNDERLYING CONDITION LAST.	(C)	*****************		
2				
OTHER SIGNIFICANT CONDITIONS				
DISEASE OR CONDITION CAUSING			>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	w
19A. DATE OF OPERATION 19B. COM	IDITION FOR WHICH OPERATION	20A. AUTOP	SY? (Yes or No) 20B. IF YES, WERE F	
WAS PER	FORMED	Y	es IN CERTIFYING CAU	Yes
V 21A. EXTERNAL CAUSE WAS O UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g. hame, farm, factory, street, etc.)	office bldg., INJU	WHERE DID (If in Baltimare City, g	rive exact lacation)
2				
OF INJURY			HOW DID INJURY OCCUR?	
(APPROX.)		WORK		
22. I certify that I held an	nquiry Inspection	utapsy X a	nd that an this basis, death in	my apinion
			cide Undetermined monn	
resulted from: Notural co	Acordent Suice			
ACTUAL O			MEDICAL EXAMINER	DATE SIGNED
SIGNATURE La	Mes 3 10g M		MEDICAL EXAMINER	1/19/67
	les S. Petty	ASSOCIATE	MEDICAL EXAMINER	2/20/01
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23C. NAME of CEMETER	or CREMATORY	23D. LOCATION (City	r, tawn, ar caunty) (State)
Burial 1/23	/67 Arbutus Mer	m. Park	Balto., Md.	
24A. DATE REC'D BY HEALTH DEPT.	24B, NAME OF REGISTRAR		RAL DIRECTOR	ADDRESS
JAN 20 1967	Robert E. Farluma			North Ave.
VS 151-REV. 1/1/65	17670	001		

AND THE RESIDENCE OF THE PARTY OF THE PARTY

W-41

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CI	TY HEALTH DEPARTMENT		
BIRTH NO. 67 0623	CERTIFIC	ATE OF DEATH Registered No.	67 0623	
1. NAME OF DECEASED		2. DATE AND HOUR OF DEAT	н 30	
HILDA W	OLF	JAN 16. 191	67 4: PM	
B. PLACE OF DEATH IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE (Where deceosed lived. If A. STATE B. COUNTY	institution: residence before admission)	
FULL NAME OF (If not in hospital or in	istitution, give street	MARYLAND		
HOSPITAL OR oddress or location)		C. CITY OR TOWN (It outside city limits, write	RURAL ond pive township)	
WANT P. W.		BALTIMORE	21-16	
HEHH TARK HE	IGHTS AVE	D. STREET ADDRESS (If rurol, give location)		
		4644 PARK HEIGH	TS AVE	
	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. It Under 24 Hrs. Months: Doys Hours Min.	
FWHITE	WIDOW	FEB 2, 1889 77		
DA. USUAL OCCUPATION (Give kind of work 10B one during most of working life, even if retired)	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
~~~		BALTO, MD	usa,	
3. FATHER'S NAME		14. MOTHER'S MAJOEN NAME	0,300	
<b>N</b>		D -		
Was Deceased Ever in U. S. Armed Farces?	16. SOCIAL	De RTHA 17. INFORMANT	ADDRESS	
(es, no or unknown) (If yes, give wor or dotes of	SECURITY NO.	1. HALORIANA	ADDRESS	
No	220-05-4909	VICTOR KRAFT	SAME	
18. 420.11	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECT	rLY	3 2 2 1.0 M.		
LEADING TO DEATH (This does not mean the made of dy)	(A) CO	Deute Myocordan Chy New reluciose V D.	our low	
hearl failure, asthenia, etc. It means the		Med selvoted EV X,	34,	
injury ar complication which caused death.)				
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if any, rise to the above cause (A) sta				
UNDERLYING CONDITION just.	(0)	***************************************	>>> + 1	
II				
OTHER SIGNIFICANT CONDITIONS CON				
DISEASE OR CONDITION CAUSING IT.	TO THE			
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM  21A. ACCIDENT WAS UNDERLYING	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?	
		No		
OR CONTRIBUTION CALLER OF	home, form, toctory, street,	office bldg., INJURY OCCUR?	ore City, give exact location)	
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year) (H	out 21E INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?		
(APPROX)	While At Work At Wo		1	
22. I certify that (I) (this hospital) of		000000	100 16 1965	
	0	1 6.0		
that (I) (we) lost sow the deceased o	// - '		pinion deoth occurred on the do	
ond hour ond from the couses stoted	obove. (I) (We) (did) (did not	) view the body ofter death.		
23A. SIGNATURE	Las a		23B. DATE SIGNED	
Kellon	Sullion.D.	Attending Med. Stoff Phys.	0/17/65	
23C. PHYSICIAN'S NAME (Type)	34 5	23D. ADDRESS	02025	
NAME (TyPe) ester N. Ko	lman, M.D.	D. 3990 Park Heights Av	re. 21215	
44. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION	City, town, or county) [State)	
REMOVAL (Specify)	Loudon Ta		21)	
EREMATION 1/19/176/	NAME OF REGISTRAR	2740.	ACCOUNT	
IAM CA ACCE	A O T A	5 Down S. Lewis & Soull	c. 3319 Olympia and	
JAN 2 0 1967 (R.O	of Entallight	0 6 6 000	9,14	
VS 150-REV, 1/1/65		O 600		

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Also,

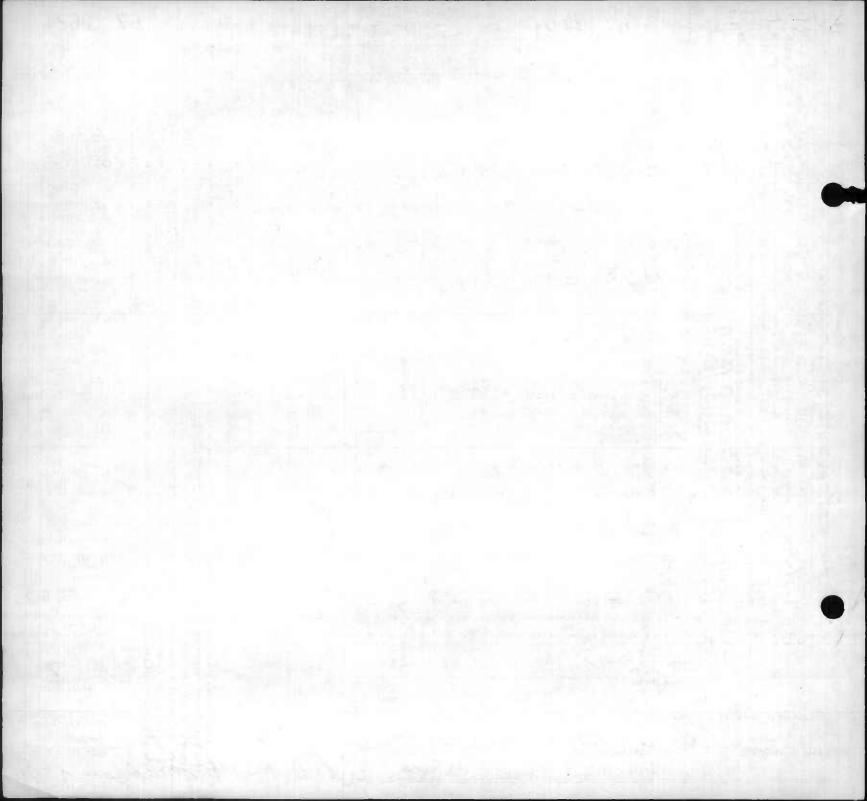
exominer.

the body was released to the hospital by a medical

2		BALTIMORE CITY	HEALTH DEPARTMENT		0004
11	TH NO. 67 0624	CERTIFICA	TE OF DEATH	Registered No	67 0624
1,	IAME OF DECEASED	. 1	2, DATE A	ND HOUR OF DEATH	
	pe or Print) Mamie 4	)illiams		-16-67	5:40 Am.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	7	A. STATE B. COU		stitution: residence before admission)
	FULL NAME OF (If not in hospital at institution, giv	e street	Many	yland	9.9.00
	HOSPITAL OR oddress or location)		C. CITY OR TOWN (III	utside city limits, write R	RURAL and give township)
2	43		D. STREET ADDRESS (	Trurdle dive location)	2/225
-	Bouth Baltimare GER	VERA) Hosp	214	BEPLIN	AVE. 52-08
5.	SEX 6. RACE 7. MARRIED, N WIDOWED,	EVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
		dow.		73.	
	NUSUAL OCCUPATION (Gid kind of work 108, KIND OF 8 to during most of working life, even if retired)	USINESS OR INDUSTRY	11. BIRTHPLACE (State or to	reign country)	12. CITIZEN OF WHAT COUNTRY?
			S	outh Caroli	na.
13	FATHERS NAME		14. MOTHER'S MAIDEN N.	AME	
	Hames Hannie		Anni	-	
15.	Wos Deceosed Ever in U. S. Armed Forces?		17. INFORMANT	9	ADDRESS
1	s,na arunknown) (II yes, give war or dates of service)	SECURITY NO.			
_	18,	CAUSE OF	DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH	(A) me	taslata Ca	ue la	4
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO			
	injury or complication which caused death.)	0	testate ca	0	3
	ANTECEDENT CAUSES	DUE TO	cenance cof c	alor	3 mos
	DISEASES OR CONDITIONS, if any, giving	002.10			
	rise to the obove couse (A) stating the UNDERLYING CONDITION last.	(C)			
	11				
N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
ATIC	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
PTIEIL	19A. DATE OF OPERATION 19B. CONDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING CAL	FINDINGS CONSIDERED
COT			No		
C	OR CONTRIBUTING CAUSE OF home,		or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)
IV	DEATH (notify medical examiner) etc.)				
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E, II	NJURY OCCURRED	21 F. HOW DID IN	IJURY OCCUR?	
×	(APPROX.) While Work	At Work			
			1-13	19 67 to	1-16 1067
	22. I certify that (this hospital) ottended the	1	10 /- 7		1-16 1967
	that (*) (we) last saw the deceased alive on				nion deoth accurred on the date
	and hour and from the couses stoted obove. (1)	(We) (did) (dld not) vi	iew the bady after death	•	DATE SIGNED
	23A. SIGNATURE	M.D. Atte	nding Med.	Stoff 🗔	23B. DATE SIGNED
	(achori / Viles	Phys	. Director	Stoff Phys. Z	1-17-67
	23C. PHYSICIAN'S NAME (Type)	A 2	3D. ADDRESS	1 1 0 1	
	Richard REE	d M.D.	1213 hig	ht St	
24	A. BURIAL CREMATION, 24B. DATE 24C. NAN	AE of CEMETERY OF CRE	MATORY 24g.	LOCATION (Ci	ty, town, or county) (State)
1	Durial 1/20/67 Pa	u ter m	em 7	formed	Co. ma
25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF	REGISTRAR	25C. FUNERAL DIRECTO	OR , 100	20 ADDRESS
1	JAN 20 1967 A. C. oft &	La D. un	1 Yel D	n. 1. 1 100	1.1- 1

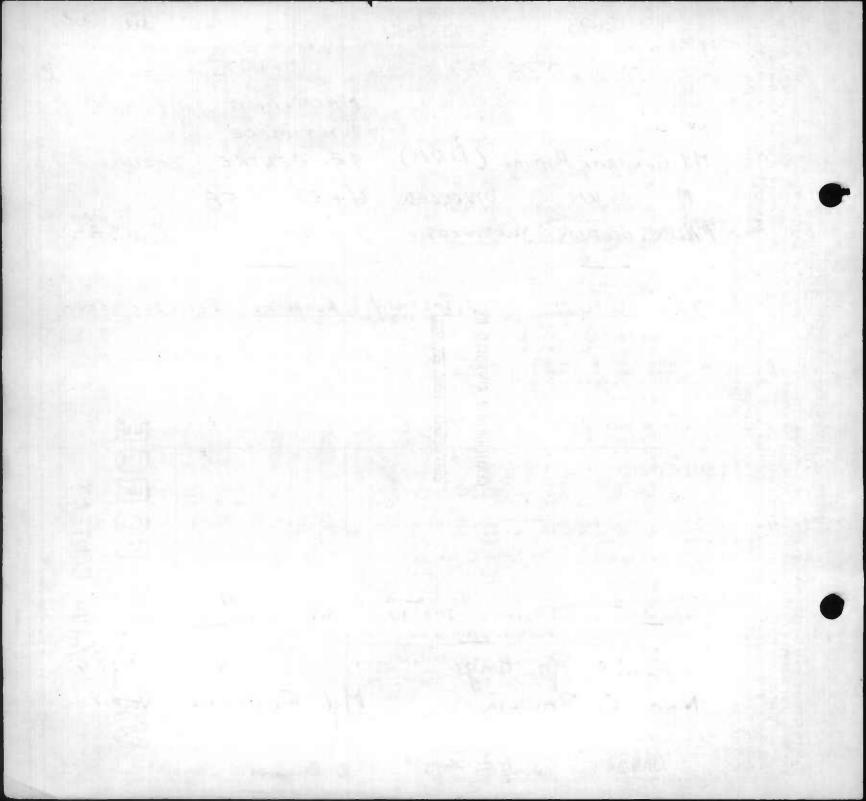
VS 150-REV. 1/1/65

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shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and Examine medicing released body by

	6101		BALTIMORE CIT	TY HEALTH DEPARTMENT		67 0625
11	TH NO. 67	0625	CERTIFIC	ATE OF DEATH	Registered No	67 0625
1. N	AME OF DECEA	SED		2. DATE AN	ID HOUR OF DEATH	23
		LVIN 5	TAFFORD	JAN	17.1967	12 M
3. 1	PLACE OF DEATH	I IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (When	re deceased lived. If ins	titution: residence before admission)
	FULL NAME OF	(If not in hospital	or institution, give street	MARYLAN	1D	11-02
- 1	HOSPITAL OR	oddress or location	1)	C. CITY OR TOWN (If our	tside city limits, write R	URAL and give township)
4	-6			D. STREET ADDRESS (IF	RE	
	19190	- //	· (DOA)	_		. 11,
/	10. GEN	ERAL HOS		9E, CENT	TRE BA	9LTIMORE Md.
5. 5	M 6.	RACE U)	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	8. DATE OF BIRTH	9. AGE (In years tost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
			108, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or forei	ign country)	12. CITIZEN OF
don	140 -nic	king life, even if retired)	SUNPAPERS.	VIRGINIA		USA-
13.	FATHER'S NAME	MELPEN	SECUTOPERS.	14. MOTHER'S MAIDEN NA	ME	USA
16 1	W - D 1 E		13 / 20214			
(Yes	s, no or unknown) (If	yes, give wor or dote	s of service SECURITY NO.	17. INFORMANT		ADDRESS
	YES	WWII	215-03-68	54 Hospinn	RELORI	DS. MEH.
	18. 42	2, / 1		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE	OR CONDITION DIS	ECTLY & ME	1 1 0		
	/This does not	ADING TO DEATH	dying, e.g. 2 (A) Av	teribscheratic (o	rdzovasculu	n
	neun londre, us	mema, etc. ii means		disease	٠	
		cotian which caused	death.) de			
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		CONDITIONS, if	ony, giving			
		abave couse (A)		**************************************	*******************************	
			E (8)			
NO	OTHER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTINE			
ATION	DISEASE OR CO	TH SUT NOT RELA	TED TO THE			
	19A. DATE OF O	PERATION 198. CON	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED
CERTIFIC	2			yes	III CERIII IIIIO CAO	SES OF DEATH:
AL	21 A. A CCIDENT OR CONTRIBUTION DEATH (notify m	WAS UNDERLYING CAUSE OF	218. PLACE OF INJURY (e.g. home, farm, factory, street, etc.)	office bldg., INJURY OCCUR?	(If in Sollimore	City, give exoct locotion)
MEDIC		Aonth) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
8	(APPROX.)		While At Work Not Work At Wo	hile		
	22 1	. (1) (-1) 1 1 1 1 1			- /M	
			) attended the deceased fem OA		19 67 to	19
	-		d alive on JAN 17		ot in (my) (our) apln	ion death occurred on the date
		ram the causes stat	red above. (I) (We) (did) (did not)	view the body after death.		
	23A. SIGNATURE	. 0	0 .			238. DATE SIGNED
	Wir	ac. Ro	ewtings M.D. A	ttending Med. Director	Stoff Phys.	1-17-67
	23C. PHYSICIAN'S	5		23 D. ADDRESS		1:
	NINA	C. RA	WLINIES M.I	Md. GER	JERAL.	HOSPITAL
24A	BURIAL CREMA	TION, 24B. DATE	24C. NAME of CEMETERY or C	REMATORY 24D. LO	OCATION (City	y, town, or county) (Stole)
	BURIAL	(ify) 1/20/6	7 BALTO. NAT'L	Com-Tool Q.		
25A	DATE REC'D BY	HEALTH DEPT.		25C. FUNERAL DIRECTOR	ALTO. CITY	ADDRESS
	JAN	20 1967 0	258, NAME OF REDISTRAR	O LONG AND BELLIOR	10	
	150-REV. 1/1/65	m 4 1001 AT		May 00018-13	KOOKS INC.	121757. PAUL 57.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

RTH NO. 67 0626			67 0626
	CERTIFICA	TE OF DEATH Registered	No. 07 007.0
NAME OF DECEASED		2. DATE AND HOUR OF D	EATH
ype or Print) ELGERT	THA A. WILLIAMS	1/18/67	12 PN
PLACE OF DEATH IN BALTIMORE, MA	ARYLAND	4. USUAL RESIDENCE (Where dedeosed liver	d. If institution; residence before admission)
FULL NAME OF (If not in hospital	l or institution, give street	Tennessee	
HOSPITAL OR oddress or location			write RURAL ond give township)
3 Johns Hopkin	Usoital	Nashville	1-31
Johns Hopkin	ns Hospital	D. STREET ADDRESS (If rurol, give focoti	on)
SEX 6. RACE	7. MARRIED, NEVER MARRIED	2506 McHarry Blvd.  B. DATE OF BIRTH 9. AGE (In year	s   If Under 1 Yr. , If Under 24 Hrs.
	WIDOWED, DIVORCED (specify)	lost birthdoy)	Months Doys Hours Min.
Female   Negro	Single	11/28/21 45 11. BIRTHPLACE (State or foreign country)	12, CITIZEN OF
one during most of working life, even if retired)		The state of loter of loter of the state of	WHAT COUNTRY?
Teacher		Nashville TENN.	71.5, 19.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
George Willia	ams	Lula Adams	
. Was Deceased Ever in U. S. Armed For es, no or unknown) (If yes, give wor or do	orces? 16. SOCIAL	17. INFORMANT	ADDRESS
1/05 A. 2/01/	SECORITI NO.	1.1 8-111111 Tree	Vacan Dia
118.	CAUSE C	OF DEATH	Nesce D/2.  INTERVAL BETWEEN ONSET AND DEATH  inome 3 years
DISEASE OR CONDITION D	MRECTLY		ONSET AND DEATH
LEADING TO DEATH		current popillases care	inomo 3 uenos
(This does not mean the mode of heart loilure, asthenia, etc. It mean		in in ni namunumun a a bind a a a gh' an a bhaighe a ta daile dhun t a a a a a a gha a baill bit a a a abh	Tankara tankar
injury or complication which couse		bladden.	
ANTECEDENT CAUSE	S (B)	Madden,	
DISEASES OR CONDITIONS, if			
rise to the obove couse (A) UNDERLYING CONDITION lost,	) stoting the (C)		**
11			
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING		
TO THE DEATH BUT NOT REL	LATED TO THE		
TO THE DEATH BUT NOT REL	LATED TO THE IT.	20A. AUTOPSY? (Yes or No) 20B. IF YES,	WERE FINDINGS CONSIDERED
TO THE DEATH BUT NOT REL	LATED TO THE	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
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Jahre Hopkins Hospital

YES MINEY THE PROPERTY OF THE PERSON PROPERTY

Remove 1-25-47 Houses Concerns Tasheres - Ples

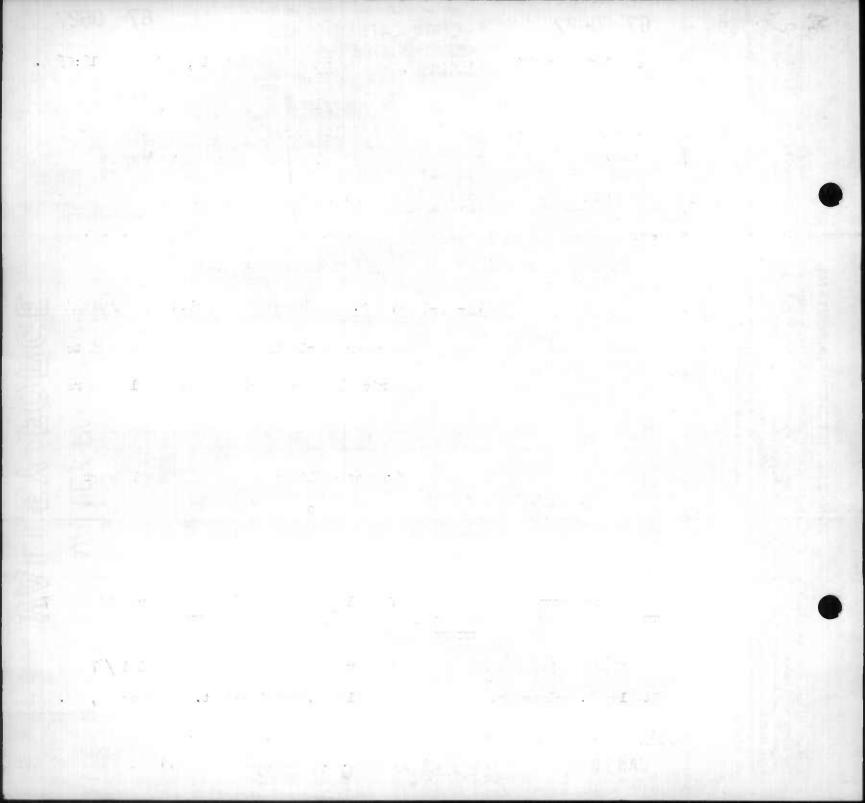
CONTRACTOR DE LA CONTRA

		CITY HEALTH DEPARTMENT	. 67 0627
BIRTH NO. 67 0627	CERTIFIC	CATE OF DEATH Registered P	to. 07 UDE
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print) Boleslaw Ral	also kno kowski (Benjamin H.	Rakowski) January 19,	1967   12:05 A.
3. PLACE OF DEATH IN BALTIMORE,	MARYLAND	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	If institution: residence before admission
FULL NAME OF (If not in hosp HOSPITAL OR oddress or loc INSTITUTION	itot or institution, give street otion)	Maryland c. CITY OR TOWN (If outside city limits, w	rite RURAL ond give township)
Melchor I	Nursing Home narles Street	Baltimore  D. STREET ADDRESS (If rurol, give locotion	
5. SEX   6. RACE	7. MARRIED, NEVER MARRIED	20 S. Patterson Pal	If Under 1 Yr. , If Under 24 Hrs
Male White	WIDOWED, DIVORCED (specify Widowed	4/10/89 lost birthdoys	Months Doys Hours Min.
tOA, USUAL OCCUPATION (Give kind of done during most of working life, even if retir		STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Steel Mill	Poland	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Joseph 1	Rakowski	Kunegunda Schultz	
5. Was Deceased Ever in U. S. Armed Yes, no or unknown) (If yes, give war or	Forces? dotes of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes WW I		1 Mr. Theodore Rakowski	1403 Franklin Av
18.420,1 420		E OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION	DIRECTLY	Tomonomy Ocelusion	Immediate
(This does not mean the made		Coronary Occlusion	Tumadiada
heart failure, asthenia, etc. It me injury ar camplication which cou	ans the disease,		70 77
ANTECEDENT CAU	4.50	teriosclerotic Heart Diseas	a 18 Years
DISEASES OR CONDITIONS,	DUE 10		
rise to the obove couse	(A) stoting the (C)		
UNDERLYING CONDITION last.			
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSIN	RELATED TO THE D	iabetes Mellitus	7 Years
U 19A. DATE OF OPERATION 19B.	CONDITION FOR WHICH OPERATION PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WIN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
21A, ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e home, form, foctory, streetc,)	e.g., in or obout 21C. WHERE DID (If in Bolt et, office bldg., INJURY OCCUR?	imore City, give exoct locotion)
O 21D. TIME (Month) (Doy) (Y		2) F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	White At Not	While Work	
		July 1 19 65 10	
		19.67and that in (my) (500)	apinian death accurred on the do
	stoted obove. (I) (NGD/CEN) (did n	at) view the body ofter deoth.	
23A. SIGNATURE	In 10. M.D.	Attending San Med. Stoff	23B. DATE SIGNED
Hanles J.	Felsenberg M.D.	Attending Med. Stoff Phys.	1/19/67
23C. PHYSICIAN'S NAME TYPE TO F	elsenberg	23D. ADDRESS A.D. 1129 E. Baltimore St.	Baltimore 2, Md.
24A. BURIAL CREMATION, 24B. DAT			(City, Nown, of Court) (Stote)
Burial 1/23			
JAN 20 196	7 P. D. H. E. Halland	25C. EUNERAL DIRECTOR & SON	S,1808 EASTERN AT

F. SADOWSKI

JAN 20 1967 VS 150-REV. 1/1/85-

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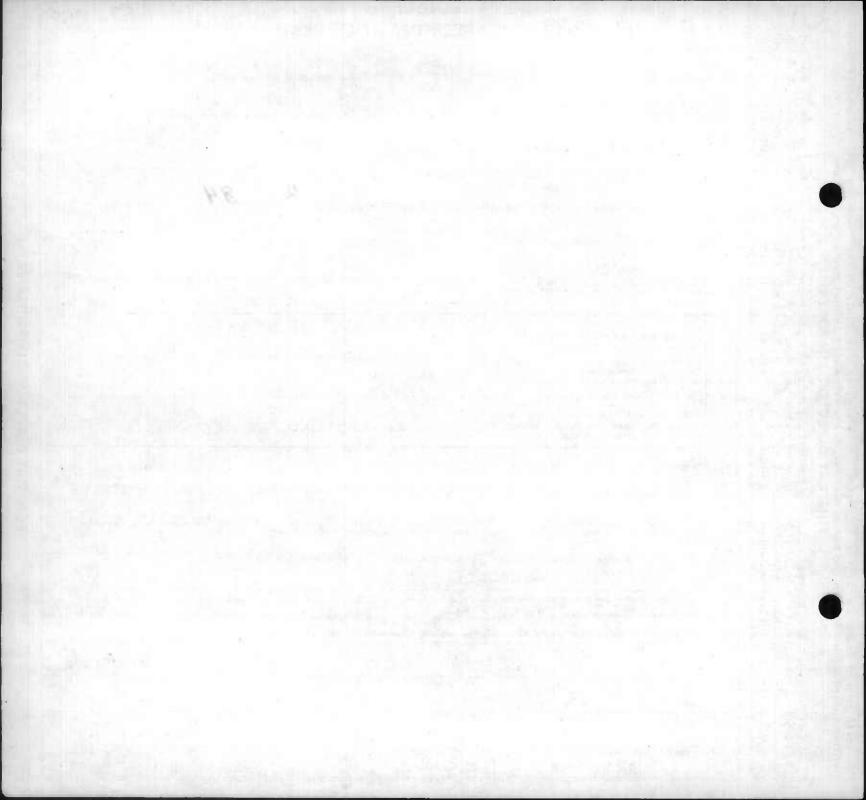
This certificate must be opproved by the chief medical examiner or his assistant if deoth occurred in a hospitol and 1 the body was released to the hospital by a medical exominer. Also, if the direct or contributing cause of death shows: (1) An accident of ony nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); ond (6) No physician was in regular attendance on the FUNERAL DIRECTOR: IMPORTANT

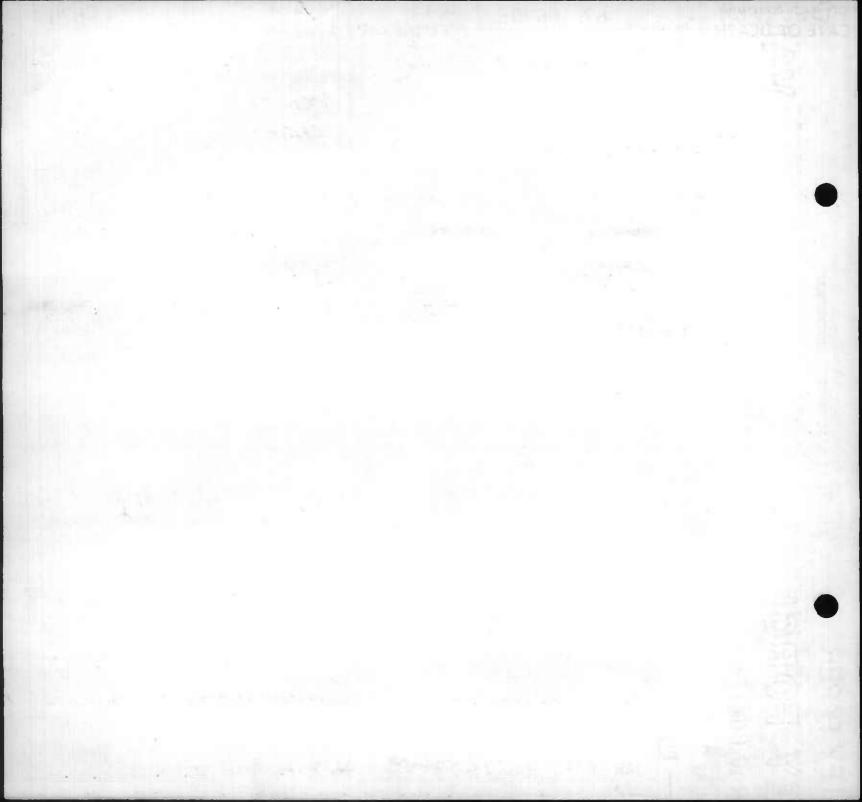
morghing	If institution residence before admiss
SUAL RESIDENCE (Where deceased lived.  ATE  B. COUNTY  TY OR TOWN  WHO DESTRUCT  TE OF BIRTH  9. AGE (In years lost birthday)  RTHPLACE State or (oreign country)  OTHER'S MAIDEN NAME  FORMANT  FORMANT  Sulf	If institution residence before odmiss  inte RURAL and give township  If Under 1 Yr.  If Under 24 I  Months: Doys Hours Min  12. CITIZEN OF  WHAT COUNTRY?  ADDRESS  INTERVAL BETWEEN
TY OR TOWN W OF TOWN O	If Under 1 Yr. If Under 24 I Months: Doys Hours Min  12. CITIZEN OF WHAT COUNTRY?  ADDRESS  INTERVAL BETWEEN
REET ADDRESS (If rurol, give focotion)  TE OF BIRTH  9. AGE (In years tost birthdoy)  RTHPLACE stole or foreign country)  OTHER'S MAIDEN NAME  FORMANT  Sulfield  Sulfield	If Under 1 Yr. If Under 24 I Months Doys Hours Min  12. CITIZEN OF WHAT COUNTRY?  ADDRESS  ADDRESS  INTERVAL BETWEEN
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TE OF BIRTH  9. AGE (In years tost birthdoy)  RTHPLACE state or large a country)  OTHER'S MAIDEN NAME  FORMANT  Sulfied  Sulfied	If Under 1 Yr. If Under 24 I Months Doys Houis Min  12. CITIZEN OF WHAT COUNTRY?  ADDRESS  ADDRESS  INTERVAL BETWEEN
RTHPLACE Stole or Joreign country)  COTHER'S MAIDEN NAME  LOCK FORMANT  FORMANT  Sulf	Months Doys Hours Min  12. CITIZEN OF WHAT COUNTRY?  ADDRESS  ADDRESS  INTERVAL BETWEEN
OTHER'S MAIDEN NAME  LINEROUN  FORMANT  BESSEL Sulffed	ADDRESS  ADDRESS  INTERVAL BETWEEN
FORMANT Dunger 138 n Sulf Ja	Ist This 390;
FORMANT Dungter Sulf John	Ist This 390;
428 7 Sulf Ind	Ist This 390;
THE CALL	
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Melis traum	
3	
and Don	70
A. AUTOPSY? (Yes or No) 20B. IF YES, WI	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
out 21 C. WHERE DID (II in Boln dg., INJURY OCCUR?	imore City, give exact location)
21F. HOW DID INJURY OCCUR?	10
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376 1960 10	-101-6 19 b
A.	opinion death occurred on the
te body drier deoin.	23,B, DATE SIGNED
Med. Stole Phys.	1-19-1961
	0>
PRY 124D, LOCATION	+City, lown, or county) (Stot
Centry Back	more m &
C. FUNERAL DIRECTOR	M. Conness
	14-11
	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 ond that in (my) (aur) he body after death.  Med. Phys. DDRESS  24D. LOCATION

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FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death—
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approyal must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CIT	Y HEALTH DEPARTMENT	67 0000
віятн но. 67 0629	CERTIFICA	ATE OF DEATH Register	ed No. UDES
M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print)  Ora  3	Sociaes	2. DATE AND HOUR OF	DEATH BO
3. PLACE OF DEATH IN BALTIMORE, MAI	RYLAND T	4. USUAL RESIDENCE (Where deceased live A, STATE B. COUNTY	red. If institution: residence before admiss
FULL NAME OF (If not in hospital a	or institution, give street	2006 Press	tman of
HOSPITAL OR oddross or location			write RURAL and give township)
	4	Balto - md	1. (5-0)
10 Century No	me, Inc.	D. STREET ADDRESS (If rurol, give loca	ition)
	7, MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In you lost bighday)	ors If Under 1 Yr. If Under 24 Months Doys Hours Mi
t Negro	Widowed	12/82 84	
10A, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			12. CITIZEN OF WHAT COUNTRY?
diw.	Private Family	Baltimore	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
James Robinson		?	
5. Was Deceased Ever in U. S. Armed Ford Yes, no or unknown) (If yes, give wor or date:	es? 16. SOCIAL	17. INFORMANT	ADDRESS
NO NO	212-56-4561	Mr Emory A. Spriggs 2	006 Presstman ST.
18. 4 9 9 /	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIR	ECTLY		ONSET AND DEATH
LEADING TO DEATH	1. Car	dis-Respuido Jack	ne
(This does not meen the mode of	dying, e.g., DUE TO	dio-Respudby Jack	
heost foilure, osthenio, etc. Il meons injury or complication which coused	death.)		
ANTECEDENT CAUSES	(B) Cer	fumiliated C	UXI
DISEASES OR CONDITIONS, if	DUE TO		
rise to the above couse (A)		. a tenorelus	20
UNDERLYING CONDITION lost.			
Z OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTANC		
OTHER SIGNIFICANT CONDITIONS CO	TED TO THE		
DISEASE OR CONDITION CAUSING IT	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES,	WERE FINDINGS CONSIDERED
WAS PERF		NO IN CERTIFY	NG CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in	Boltimore City, give exect location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	etc.)	office bldg., INJURY OCCUR?	
21D. TIME (Month) (Doy) (Yeor)	(Hour) 21 E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
₩ OF INJURY (APPROX.)	While At Not Wh		
	Work At Work	1	
22. I certify that (I) (this hospital	) attended the deceased fram	Oct 15 1965 10	Jan 6 196
that (I) (we) last sow the decease	d alive an	19_6and that in(my) (a	ur opinian death accurred an the
and haur and from the causes stat	ed abave. (1) (Wa) (did not)	view the bady after death.	
23A SIGNATURE			23B. DATE SIGNED
Misearble &		Hending Med. Stoff Phys.	1/17/67
23 C. PHYSICIAN'S NAME (Type)	1-0	23D. ADDRESS	
MAME Trypes	(ECGT) M.O	550 Vall Her	eros on
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of C	3 1010	(City, town, or county) (Sto
REMOVAL (Specify)			ore County Md.
Burial 1/19/	67 Mount Auburn C	eme tery Dartimo	THE COUNTRY PIUS
25A. DATE REC'D BY HEALTH DEPT.			
1 A 2 I O O 4 O C 7	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
JAN 20 1967 vs 150-rev. 1/1/65			ADDRESS





VS 150-REV. 1/1/65

Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) before odmission) (If outside city limits, write RURAL and give township) 21213 If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12, CITIZEN OF WHAT COUNTRY? U. S. A. ADDRESS INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in((my)) (our) apinion death occurred on the date 23B. DATE SIGNED 4940 Eastern Avenue Baltimore, Maryland 21224 25A. DATE REC'D 25C. FUNERAL DIRECTOR

BALTIMORE CITY HEALTH DEPARTMENT

The trace I have before a re-en Septicemia To-01-1 Ross T. Kingge

- /	X	-	- /		-	1
	n a hospital and	cause of death	iuse; (5) Deceased	Hendance on the	r to death. Such	
	if death occurred i	ect or contributing	1) Undetermined ca	was in regular at	the deceased prior	position is made.
: IMPORTANT	er or his assistant i	r. Also, if the dire	ure of any kind; (4	onounced death	r attendance on t	almed or final dis
FUNERAL DIRECTOR: IMPORTANT	x This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approved must be obtained before the remains are embalmed or final disposition is made
	st be approved by the	ased to the hospital b	dent of any nature; (2)	ospital (except where	death); and (6) No pt	must be obtained before
	This certificate mu	the body was rele	shows: (1) An accia	was D.O.A. at a he	deceased prior to death)	written general r

-	000000	BALTIMORE CITY	HEALTH DEPARTMENT		Cm 0000
- 11	BIRTH NO. 67 0632	CERTIFICA	TE OF DEATH	Registered No	67 0632
11	M.E. CASE NO.  1, NAME OF DECEASED  (Type or Print) MRS- GRACE N	A /		D HOUR OF DEATH	en
	VIRS- GRACE N 3. PLACE OF DEATH IN BALTIMORE MARYLAND	1. Monahan	JA HEHAL RESIDENCE (Who	- 19-67	stitution; residence before edmission)
	S. PLACE OF DEATH IN BALLIMORE, MARIEAND		A. STATE B. COUN		stitution: restoence betere earlyssion)
	FULL NAME OF (If not in hospitel er institution oddress or lecetion)	en, give street	C. CITY OR TOWN (If eu	teida city limite weita	PITPAL and give township)
	INSTITUTION	./ .	BALTIMORE	212	
	- 1 BON Secours +	405P1TAL	D. STREET ADDRESS (If	rurel, give locetion)	101
	34		1313 ENSOR		
	Frank WIDO	MED, NEVER MARRIED WED, DIVORCED (specify)	7-28-04	9, AGE (In years lest birthdey)	If Under 1 Yr. If Under 24 Hrs. Menths Deys Heurs Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND dene during most of working life, even if retired) HOUSEWLIE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fere	,	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	Joseph Miskelly		Elizabeth 6,	eisler	
	15. Was Decesed Ever in U. S. Armed Ferces? (Yes, no or unknewn) (If yes, give wer er detes of service NO	214-14-9758	Mr. Frank A. I		(Same)
- { }	1B. 7 8 9 4	CAUSE C	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		11-60	0	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, a	e.g., DUE TO	Heary for	Cure	
	heart foilure, osthenio, etc. It means the disectiniury or complication which caused death.)		l		
	ANTECEDENT CAUSES	(B)		*********	
	DISEASES OR CONDITIONS, if ony, giv				
	rise to the above couse (A) stating UNDERLYING CONDITION last.	the (C)		*****	
	_ II				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
		OR WHICH OPERATION	20A. AUTOPSY? (Yes er No	20B. IF YES, WERE	FINDINGS CONSIDERED
	198. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING			IN CERTIFYING CA	USES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH (netify medical examiner)	21B. PLACE OF INJURY (e.g., in heme, ferm, feclery, street, etc.)	n er ebout 21 C. WHERE DID INJURY OCCUR?	(If in Beltimer	e Cily, give exact lecotion)
li	21D. TIME (Menth) (Dey) (Yeer) (Heur)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	(APPROX)	While AI Werk At Werk			
I	22. 1 certify that (I) (this hospital) attended	ed the deceased from	December 31	19 66 to JAn	uary 19 1967.
	that (#) (we) last saw the deceased alive a			ot in (my) (our) opi	nion death occurred on the date
	ond hour and from the couses stated above				
	23A, SIGNATURE			e	23B. DATE SIGNED
	( Howeark Cuffer	M.D. Alt		Steff Phys.	1-19-67
	23C. PHYSICIAN'S NAME Type Hanca Luisa	CUFFIA M.D.	BON SE	LOURSH	osp.ital
	24A. BURIAL CREMATION, 24B. DATE 24G. H	c. NAME of CEMETERY of CR Holy Redeemer Ce		Baltimor	re, Md.
	JAN 20 1967 02	THE OF REGISTRAL	Loonard V. R	ack, Inc. Ba	Alto. Md. 21214
11	VS 150-REV. 1/1/65				

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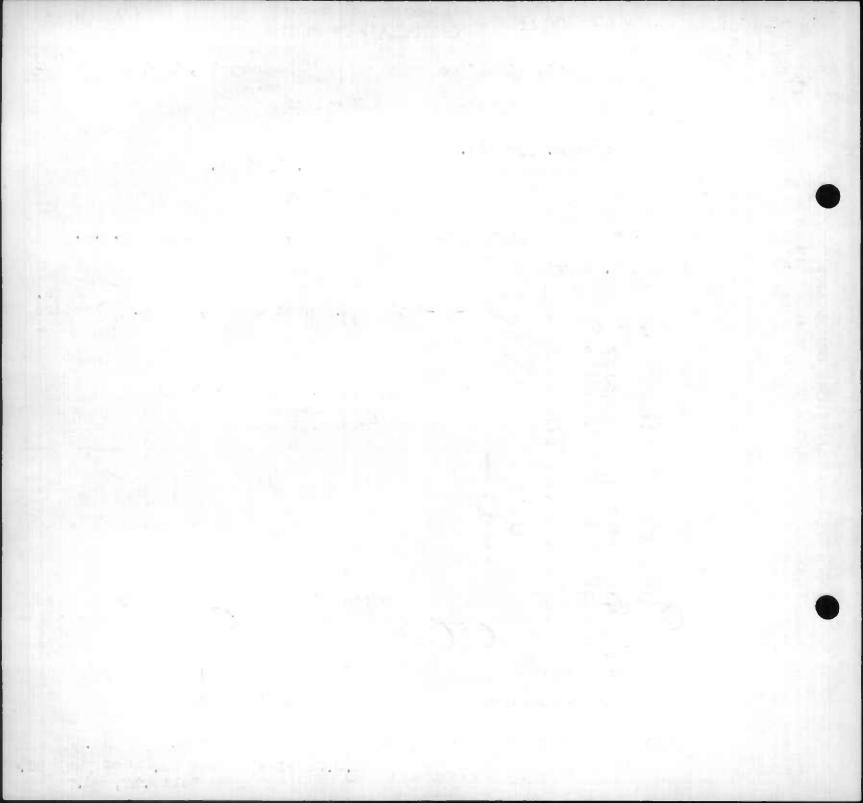
hospital

and that in (my) (aur) opinion death accurred on the date 25B. NAME OF REGISTRAR ADDRESS 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR Leonard J. Ruck. Inc. Balto. Md. 21214

Hand on Chroning

Prince from mis

		0			BALTIMORE	CITY HE	ALTH DEPARTMEN	T		67	0024
	TH NO.	67	063	34	CERTIFI	CATE	OF DEATH	H R	egistered Na	07	0034
1. N	AME OF DECEASI	D					2. DATI	E AND H	OUR OF DEATH		C 60
СТУР	e ar rann		Sadie	DiSte	fano		Ja	nuar	7 19, 19	967	8-AM.
3. F	PLACE OF DEATH	IN BALTIA	AORE, MARY	LAND		A.	STATE B. C	Where dec	eosed lived. If in	stitution: reside	nce before admission)
ŀ	FULL NAME OF HOSPITAL OR NSTITUTION		n haspital or or lacation)	institution, gr	ve street		Maryland	(If autside	city limits, write l	RURAL and giv	e tawnship)
(	00	130	00 E.	33rd S	st.	D.	Baltimore street Address	(If rural,	give lacation)	9-0	3
5. S	EV  6 P	ACE	17	AA A DDIED I	NEVER MARRIED		1300 E. 3		GE (In years	If Under 1 Y	r. If Under 24 Hrs.
J. 3	F	W	ľ		DIVORCED (specif	fy)	/20/1891	lost	75	Month's Doy	s Haurs Min.
				OB, KIND OF	BUSINESS OR INDU	USTRY 11.	BIRTHPLA CE (State of	r foreign co	ountry)	12. CITIZEN	OF COUNTRY?
dan	Housewil	_	n if retired)	Own	Home		Cefalu,	Ital	У		S.A.
13.	FATHER'S NAME					14.	MOTHER'S MAIDEN	NAME			
	Vincent						Concetta	Mag	gio		
15. Yes	Was Deceased Eve s, na ar unknown) (If	rin U.S. yes, give	Armed Farce war or dates	of service)	SECURITY NO.		INFORMANT		0.5		Ave.
_	No			2	20-44-99]		rs.Manuel	Sod	aro, 820		
	18. Ly Ly	4- XI			CAU	ISE OF D	EATH				RVAL BETWEEN SET AND DEATH
		R COND	ITION DIRE	CTLY		Bu	-0 b		-		
	(This does not			lving e.g	(A) DUE TO	1/0 10	ncho-knews Eriozele	mille	a		
	heart failure, asth	enia, elc.	. Il means l	he disease,	DOLIN		, ,	Acre	11 1 11		
	injury or complic			leo ih.)	2.00	1/07	Pris Zele	whie	Hearth	Deap	
	ANT	ECEDENT	CAUSES		DUE TO	0	~ V / /				
	DISEASES OR					14	poertins	-			
	rise to the o			sloting the	(C)		poeruios	w			
	011021121110	***	1031.				<i>V</i>				
CERTIFICATION	OTHER SIGNIFICATO THE DEAT	H BUT	NOT RELAT	ED TO THE							
2	19A. DATE OF OP		19B. COND	ITION FOR W	HICH OPERATION		20 A. AUTOPSY? (Yes		B. IF YES, WERE	FINDINGS CO	NSIDERED
ERTIF	0		WAS PERFO				l des e viinese -		CERTIFYING CA		
AL	21 A. ACCIDENT V OR CONTRIBUTIN DEATH (notity men	G CAU	SE OF	hame etc.)	, farm, tactary, stre	eet, atfice	about 21 C. WHERE DI bldg., INJURY OCCU	R?	(If in Baltiman	e City, give ex	act lacatan)
MEDIC	21 D. TIME (M	anth) (Do	y) (Year)	(Haur) 21 E.	INJURY OCCURRED	D	21F. HOW DID	NJURY	OCCUR?		
×	(APPROX.)			Whil Wark		While Wark					
					e deceased fram	m	d. 12	196	N . (/	-	1967.
	that (1) (we) las				5 0 6 17			1	(my) (aur) api	nian death a	ccurred an the date
	and haur and fro	im the co	uses state	d abave.(I)	(We) (did) (did 1	nat) view	the bady after dec	ath.			7
	23A. SIGNATURE		121	/						23B. DATE SI	GHED
	MA	mul	Veron	ww	M.D.	Attendin	Med. Director	Staff Phys		1/19	16)
	23C. PHYSICIAN'S					23D.	ADDRESS			1	
	NAME (Type)	Mar	nuel S	odaro		M.D.	4624	Yor	k Road		
24	REMOVAL (Spec	10N, 24B.	DATE	24C. NA	ME at CEMETERY	or CREMA	TORY 24	D. LOCA	IION (C	ity, tawn, ar co	unty) (State)
	Burial	1		967	Holy Red	leeme		Bal	timore,		Id.
25#	A. DATE REC'D BY	HEALTH I	DEPT. 2	SB. NAME O			25C. FUNERAL DIREC	CTOR			ADDRESS
	JA	MZD	19671	P. P. A	2/ Fa Quit	de la	M · neukr	ns &			York Rd.
VS	150-REV. 1/1/65								Bal	to.12,	ria.



VS 150-REV. 1/1/65

BUTH NO.

(Type pr Print)

JOHN

3. PLACE OF I

M.E. CASE NO.

FULL NAME OF

HOSPITAL OR

DEATH IN BALTIMORE

(If not in haspital at institut

address or lacation)

on the h. Such

death.

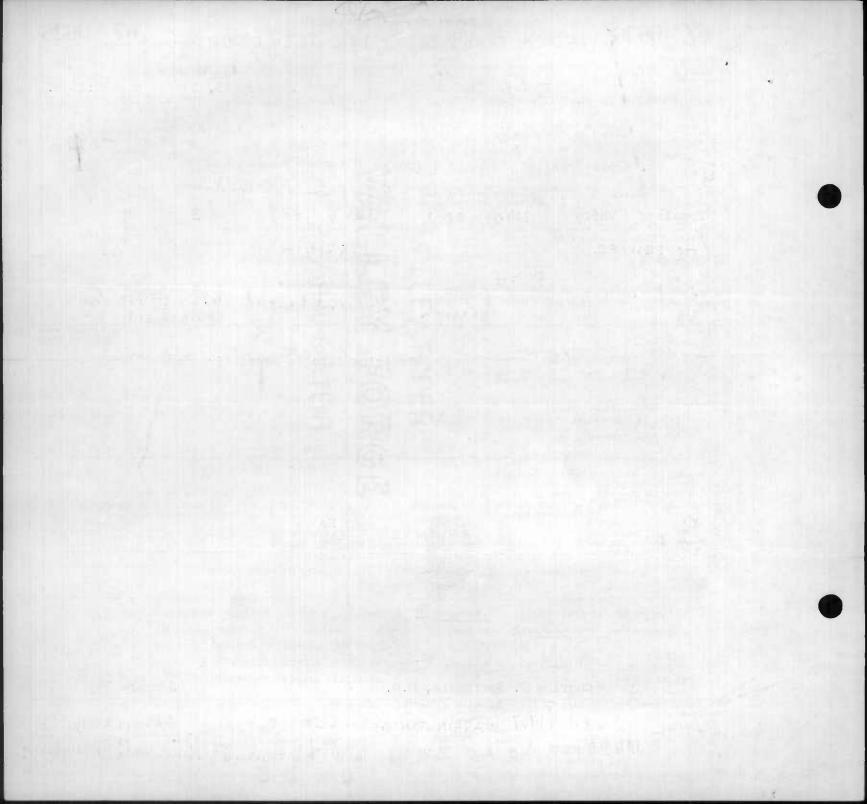
and

hospital

BALTIMORE CITY	HEALTH DEPARTMENT		67 0635
CERTIFICA	TE OF DEATH	Registered No.	
	2. DATE AN	D HOUR OF DEATH	
NETON	1-	18-67	6:05 AM.
ion, give street	4. USUAL RESIDENCE (When A. STATE B. COUN D. C. CITY OR TOWN (If aut	TY	litution: residence before admission)
	BALTIMORE		2711
HOSPITAL		rural, give location)	31-11
MARRIED	04-26-94	72	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
Y TRACTING	11. BIRTHPLACE (State or forei		12. CITIZEN OF WHAT COUNTRY?
	KATE		
16. SOCIAL SECURITY NO. 216-07-015-5	17. INFORMANT HOSPITAL	CHART	S. MARGARET L REDDINGTON
CAUSE OF	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
e.g., DUE TO	ena amous		2 3 days
THE OR WHICH OPERATION	120 A ALITOREY2 (Vor. or No.	200 IE VEC WERE EL	INDINGS CONSIDERED
No.	20A. AUTOPSY? (Yes or No		
218. PLACE OF INJURY (e.g., in hame, form, factory, street, af etc.)	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
21E, INJURY OCCURRED  While At Not While	e 21F. HOW DID INJ	URY OCCUR?	NE THE
Work At Work	1- 1-	/ /	7
on	-6	ot ta (my) (our) opin	ion death occurred on the date
e. (1) (We) (did) (did-not) v	iew the body ofter death.		
			238. DATE SIGNED
Phys	ending Med. Director  23D. ADDRESS	Stoff Phys.	1-18-67
rdner M.D.	The Union Me	emorial Ho	spital
C. NAME of CEMETERY OF CRE			y, town, or county) (State)
New Cathedra		ltimore,	Md •
ME OF REGISTRAR	H.W.Jenkins		1. 4905 York Rd.

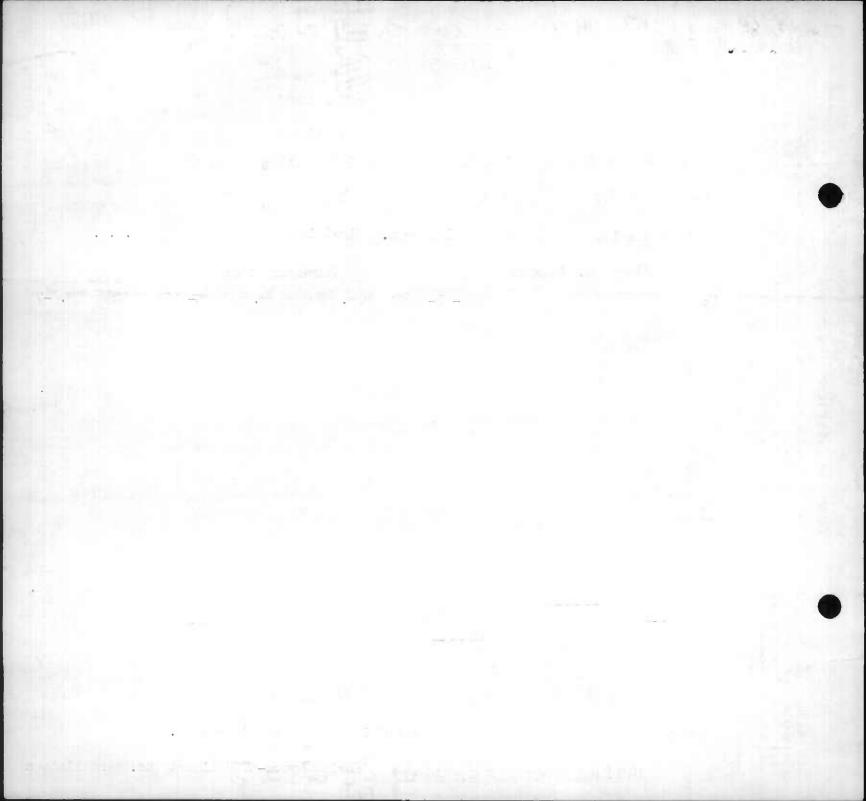
DOMESTIC CAN - 127 May 1827 1 10 1 3 TAIN SALES

R-262	BALTIMORE CITY HEALTH DEPARTMENT  BIRTH NO.  MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 0636  M.E. CASE NO.
	1. NAME OF DECEASED  (Type of Print)  2. DATE AND HOUR PRONOUNCED DEAD
	1DA Y, ROGERS January 15, 1967 11:15 A. M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)  A. STATE  B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  WATYLAND  Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore
	GG St. Agnes Hospital (DOA)  D. STREET ADDRESS (If rurol, give locotion)  3500 Clarenell Road
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Female White WIDOWED DIVORCED SPECIFY JULY 6 1883 83 III Under 1 Yr. If Under 24 Hrs. Months, Doys Hours, Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  HOUSEWIFE  12. CITIZEN OF WHAT COUNTRY?  VIRGINIA
	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT  ADDRESS.
	No Springfield: VA.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. II means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)
	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED  NO    NO   IN CERTIFFING CAUSES OF DEATH?    21A, EXTERNAL CAUSE WAS   21B, PLACE OF INJURY (e.g., in or obout) 21C. WHERE DID   (If in Boltimore City, give exact location)
	21D TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?  OF INJURY (APPROX.)  WHILE AT NOT WHILE AT WORK
	22.  1 certify that I held on Inquiry Inspection X Autopsy and that on this bosis, death in my opinion
	resulted from: Notural couses X Accident Suicide Homicide Undetermined monner
	CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNATURE CHARLES ASSISTANT MEDICAL EXAMINER X
	EXAMINER'S NAME (Type) Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER January 16, 1967
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
	BURIAL 18 JAH 1967 WASHINGTON NATIONAL SUITLAND MARYLAND  24A. DATE REC'D BYAND 1967 PAR NAME OF REGISTRAR  24C. FUNERAL DIRECTOR  W.W. Chambers 60. Phierolale, Maryland
	VS 151-REV. 1/1/65

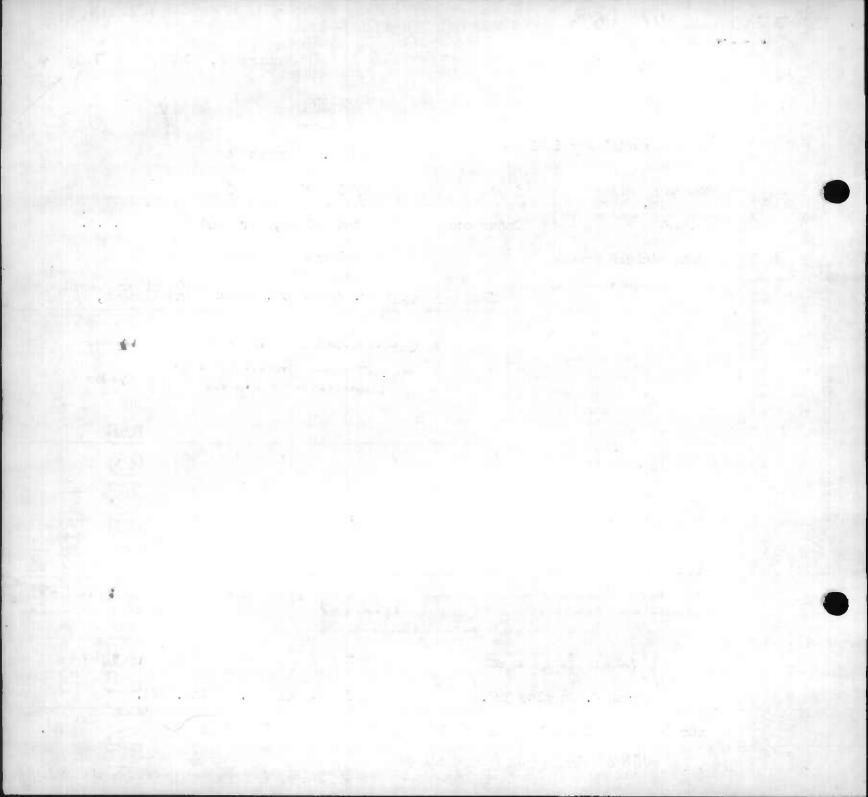


V\$ 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



F	7 0638	BALTIMORE CI	TY HEALTH DEPARTMENT		67 0638
IRTH NO.	7 0638	CERTIFIC	ATE OF DEATH	Registered No.	07 0000
M.E. CASE NO.	CEASED		2. DATE AN	D HOUR OF DEATH	
Type or Print)	ary Louise Dow	mes	Janua	ry 16, 1967	7:30 0
PLACE OF D	EATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (When	e deceased lived. If institu	ution: residence before admissia
			A. STATE B. COUN	TY	
FULL NAME HOSPITAL OF	OF (If not in hospital oddiess or location	aı institution, give street	Maryland c. city or town (If out	1	
INSTITUTION			Baltimore	side city limits, write RUR	At and give township)
t				rurol, give location)	
Union M	emorial Hospit	cal	101 W. Monumen		
SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years II	f Under 1 Yr. If Under 24 H Norths: Days Haus! Min.
Female	White	Single (specify)	6/25/1883	lost birthday) M	Tours Day's Tradis 74th.
		108. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign	gn country) 1	2. CITIZEN OF WHAT COUNTRY?
Clerk	of working life, even if retired)	Insurance	Kent Island, M	aryland	U.S.A.
3. FATHER'S NA	AME	1	14. MOTHER'S MAIDEN NAM	AE	
John R	ichard Downes		Arianna D	enny	
5. Wos Deceas	ed Ever in U. S. Armed For	rces?  1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no oi unkna NO	wn) (If yes, give war or date	of course) Freuman and	3 Mr. James D.C.D	ownes Randal	iberty Road Istown, Md
18. 114	(3 X I	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DIE	RECTLY	1 1 1	1) -	ONSEL AND DEATH
	LEADING TO DEATH	(A) Cer	rebro vascular A	cerdent	by hes
	nat mean the made of e, asthenia, etc. It means	dying, e.g., DUE TO	Carterative, Arte Cartierascular 1	rinscleratic	
	amplication which caused	death.)	C. Niesen and and	Disease	years
	ANTECEDENT CAUSES	(B)	C 20218 423 CA121	D 190830	
	OR CONDITIONS, if	any, giving			
	Ihe above couse (A) NG CONDITION last.	sloting the (C)			
OTHER SIG	II NIFICANT CONDITIONS C	CONTRIBUTING			
E TO THE	DEATH BUT NOT RELA	ATED TO THE			L L V
19A. DATE	OF OPERATION 198. CON	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE FINITION CERTIFYING CAUSE	DINGS CONSIDERED
19A. DATE	WAS PER	POWMED		IN CERTIFTING CAUSE	S OF DEATH?
OR CONTRI	BUTING CAUSE OF	218. PLACE OF INJURY (e.g. hame, farm, factary, street, etc.)	office bldg., INJURY OCCUR?	(If in Boltimare C	ity, give exact lacation)
	ify medical examines		015		
21 D. TIME OF INJURY	(Month) (Doy) (Year)		21F. HOW DID INJU	URY OCCUR?	
(APPROX.)		While At Work Not W			
22. I certi	fy that (1) (this hospital	l) attended the deceased from	9)9 1	952 10	106 1967
	er) last saw the decease		111.7		n death occurred an the d
				(, ( <del></del> , opinio	atom occomed un me d
23A. SIGNA		ted above. (1) (#e) (did) (did net)	view the body offer death.	log	B. DATE SIGNED
ZJAI JIGHA	11 60	M.D. A	Attending Med.	Staff -	1/18/67
	- Trank Sup	plan De	ilys. Dilector D	Phys.	Ili Play
23C. PHYSIC	ANS (Type)		23D. ADDRESS		
	Frank J. Supp	plee 3rd. M.	D. 1010 St Paul S	St. Balto. N	/ld.
4A. BURIAL C	REMATION, 248. DATE	24C. NAME of CEMETERY OF	CREMATORY 24D. LC	OCATION (City,	tawn, as county) (State)
Bur ia		57 Druid Ridge Ce	metery Pik	esville 8	Md.
					A EDDRESS
JA. DATE REC	JAN 20 1967	P. C. S. E. Janky MA	25C FUNERAL DIRECTOR	8728 d	everty Kd
		hogen, - Janes	Daging Dyer	V Trandal	estory mo
/S 150-REV. 1/	1/65		1 4 7/3		



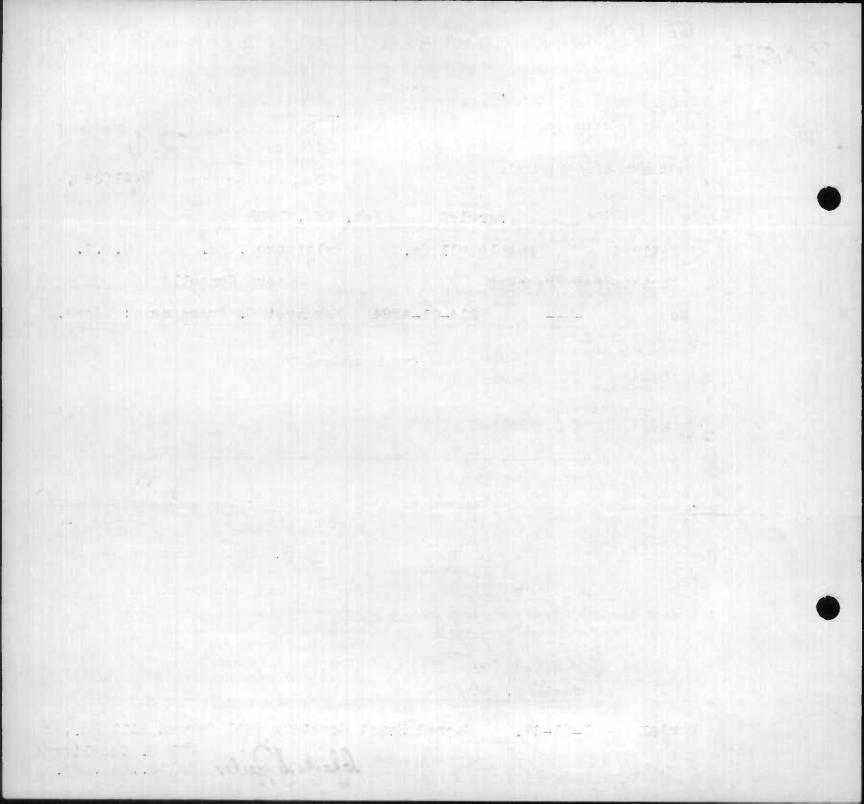
VS 151-REV. 1/1/65

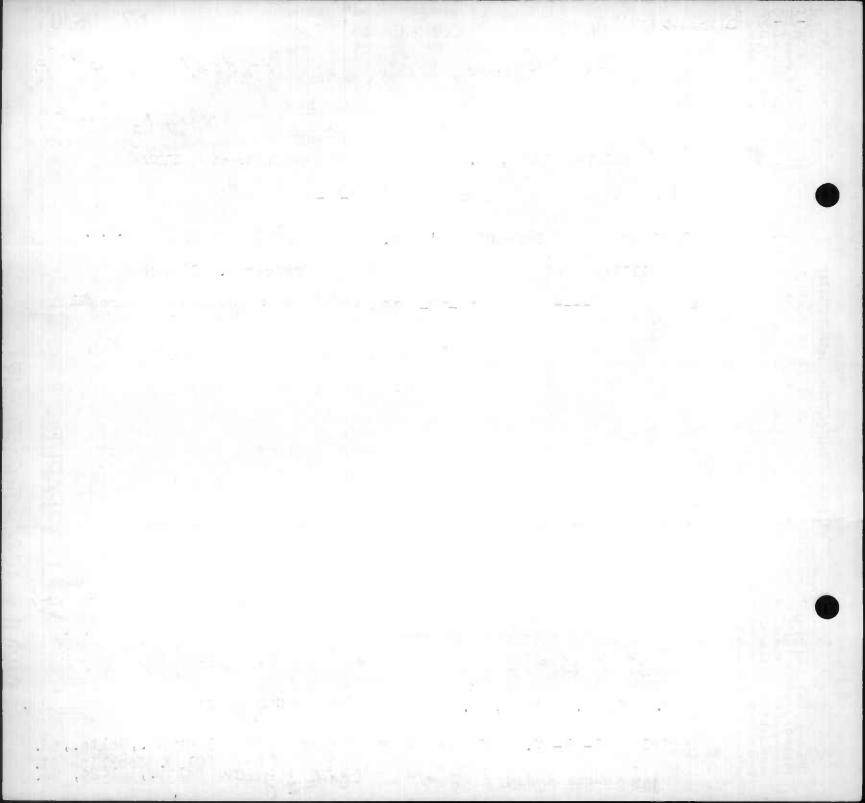
67 0639

BALTIMORE CITY HEALTH DEPARTMENT

AEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 7 0639

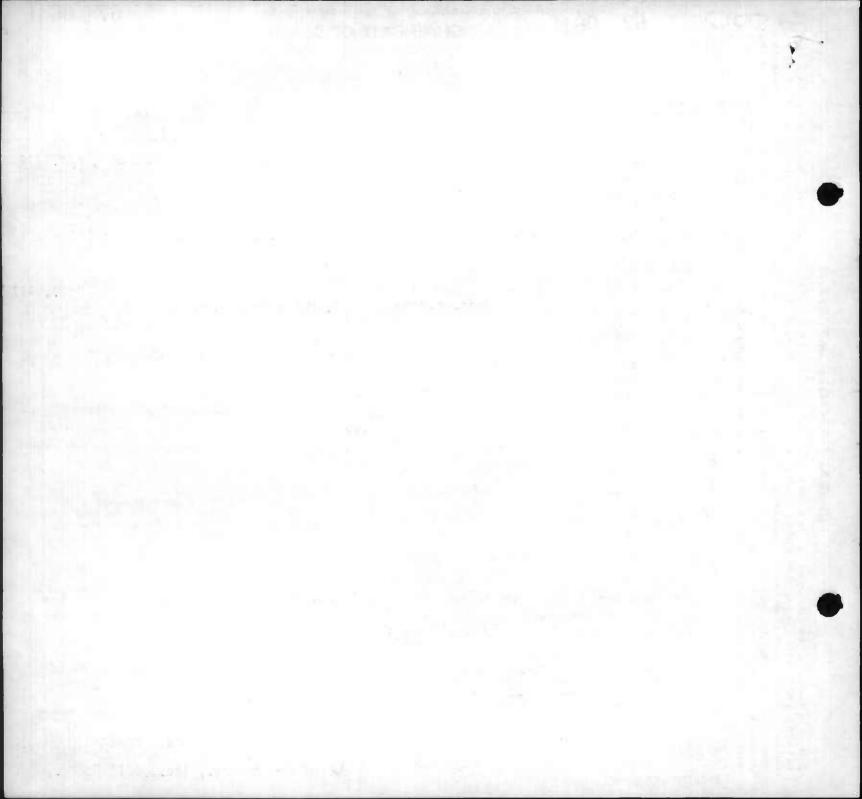
RTH NO.	MEL	JICAL EXA	AWIINER 2 C	EKTIFICA	E OF DEATH Registe	red No:
.E. CASE NO.						
NAME OF DE	CEASED				2. DATE AND HOUR PRONOUNC	ED DEAD
ype or ritinii	THOMAS	W.	BRANAGAN		January 18, 196	6:15 A M.
PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONOUN	CED DEAD	4. USUAL RESID	ENCE (When deceased lived If inst	itution: residence before admission
JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITUT	ON, GIVE STREET	C. CITY OR TOV	VN (If outside corparate limits, write	RURAL and give township)
D - 1 +	nome City No.	ani tala		D. STREET ADDE	RESS (If rurol, give locotion)	
Balli	more City Ho	spicars			S. Clinton Street	# 21224 ,
SEX	6. RACE		EVER MARRIED VORCED (specify)	B. DATE OF BIRTI	H 9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Manths, Days, Hours, Min.
Male	White		ried	Feb. 26	, 1908 58	
	UPATION (Give kind of wo		SUSINESS OR INDUSTR	Y11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
and a s	working life, even if retired;	Humble	011 Co.	Bal1	timore, Md.	U.S.A.
FATHER'S NAM	ME			14. MOTHER'S M.	AIDEN NAME	
	istopher B				Hanora Connoll;	
	ED EVERTN U.S. ARM E		6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		•	214-01-452	4 Mars	garet C. Branage	an : Same.
1B.	000		CAUS	E OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION I	DIRECTLY				ONSET AND DEATH
	LEADING TO DEAT	H	(A) Cran	iocerebral	l Injury.	
heort foilure	not mean the mode of	ns the disease.	DUE TO		они + 0000000 Fm 0000000 Fm 0000000 пини пофформи одини водо од 100000000000000000000000000000000	
injury or co	implication which coused	death.)				
	ANTECEDENT CAUS	ES	(8)			
	OR CONDITIONS, IF		DUE TO		**************************************	
UNDERLYI	NG CONDITION LAST	•	400			
5			(C)			
	II GNIFICANT CONDITION DEATH BUT NOT R					
-	OR CONDITION CAUSIN				A (V. D. LOOP) IF YES LIBER IN	NEW CONSIDER
19A. DATE O	F OPERATION 198. CO	REFORMED	HICH OPERATION	Yes	? (Yes or No.) 208. IF YES, WERE FI	
	AL CAUSE WAS	21 B. Pl	ACE OF INJURY (e.g., farm, factory, street,	in ar about 21C. V	WHERE DID (If in Boltimore City, g	ve exact location)
UTING CAL	USE OF DEATH.	etc.)	Home		05 S. Clinton Stre	
21D TIME OF INJURY	(Month) (Day) (Ye	or) (Haur) 211	. INJURY OCCURRED	21F. HG	OW DID INJURY OCCUR?	
(APPROX.)	1 16 '	67 P m. W.	ORK NOT	WHILE X Fe	11 down basement s	teps.
22.	rtify that I held an	Inquiry			d that an this basis, death in 1	ny apinlan
	Ited fram: Natural c		cident X Suici			
1630		7	Ciddin (22)		EDICAL EXAMINER	U. Land
ACTUA		eles 5 /a	5		EDICAL EXAMINER	DATE SIGNED
SIGNAT		us 1 a	M. [		EDICAL EXAMINER	1/18/67
NAME (		les S. Pe	€ty	ASSOCIATE M	IEDICAL EXAMINER	
A. BURIAL CRI		23C.	NAME of CEMETERY	or CREMATORY	23D. LOCATION (City	, town, or county) (State)
Buria		-67.	Sacred He	art Ceme	tery 7401 Germa	n Hill Rd. Ma
	BY HEALTH DEPT.	248 NAME O	F REGISTRAR		AL DIRECTOR	ADDRESS
	_JAN 2 0 196	57 R.C.	F E Farbert	LA 00	6 1 Q 901	
	F - 100	THE RESERVE OF THE PARTY OF THE	V 7 10 1	VA AL AT ALL	7 1 . MAI / 4 HOL	TA 74 W3





IMPORTANT DIRECTOR: FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered Na. 1:00 city limits, write RURAL and give township If Under 24 Hrs. If Under 1 Yr. Hours Months Days 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS 3406 Dolfield Avenu INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) 19. 6. 7 and that in (my) (aur) opinion death occurred on the date 23B. DATE SIGNED Burial 1/18/67
25A. DATE REC'D BY HEALTH DEPT. Oheb Shalom 258. NAME OF REGISTRAS 25C. FUNERAL DIRECTOR Bros. Inc. 6010 Reist. Rd. VS 150-REV. 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

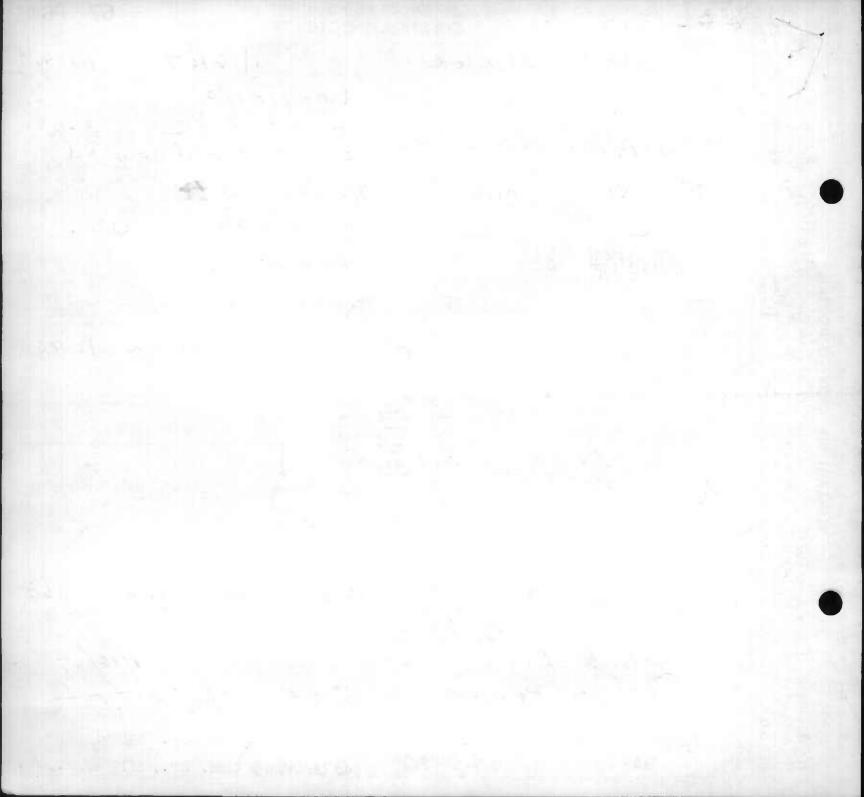
Hours

ADDRESS

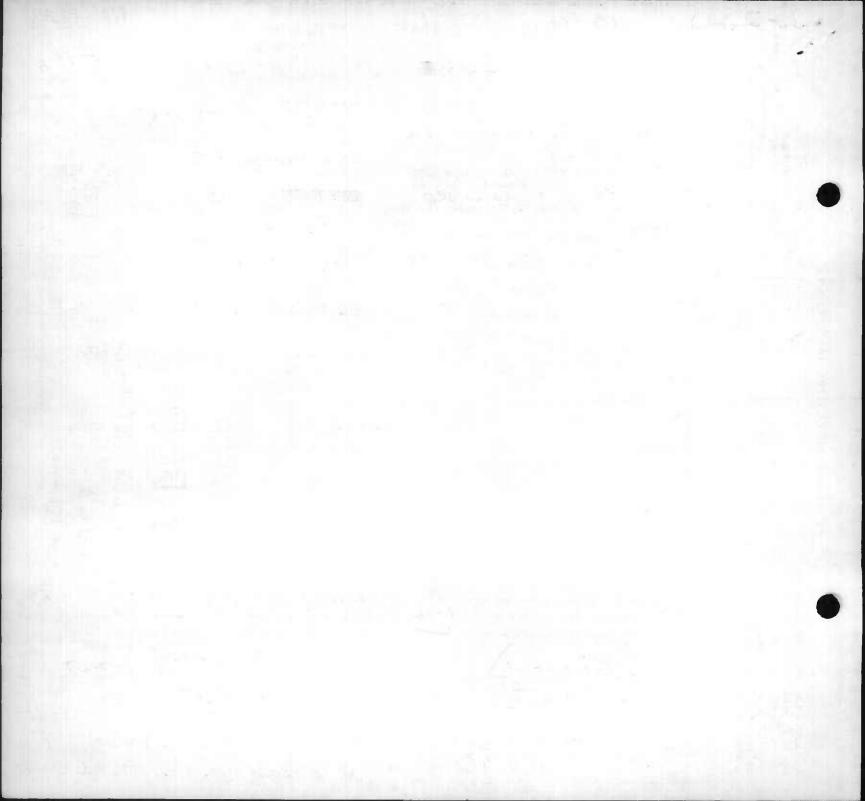
Levinson & Bros. Inc., 6010 Reist., Rd.

IMPORTANT FUNERAL DIRECTOR:

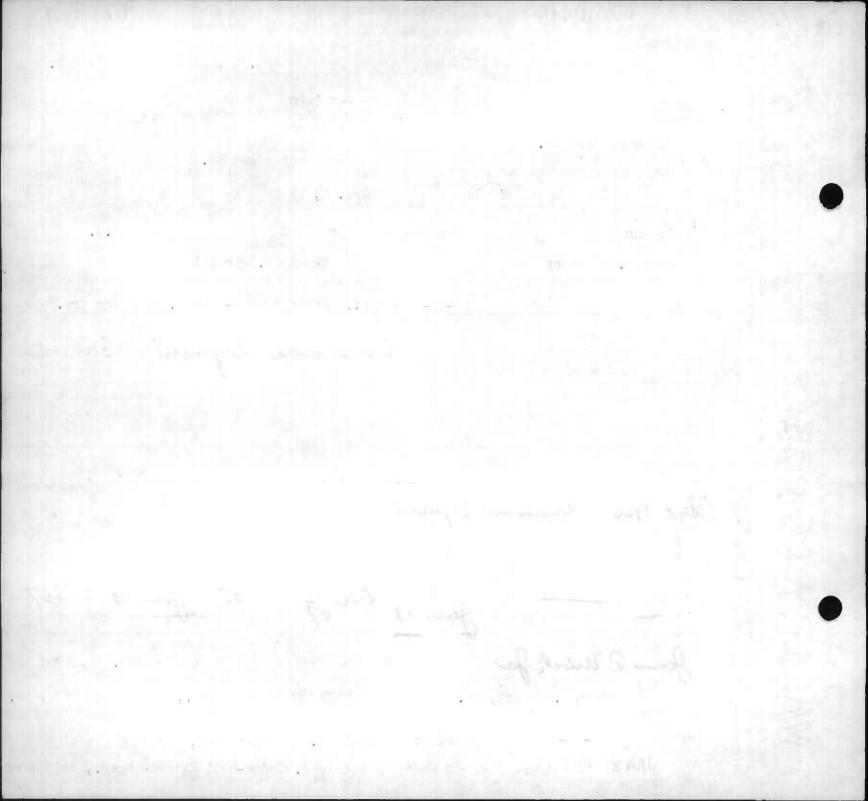
VS 150-REV, 1/1/65



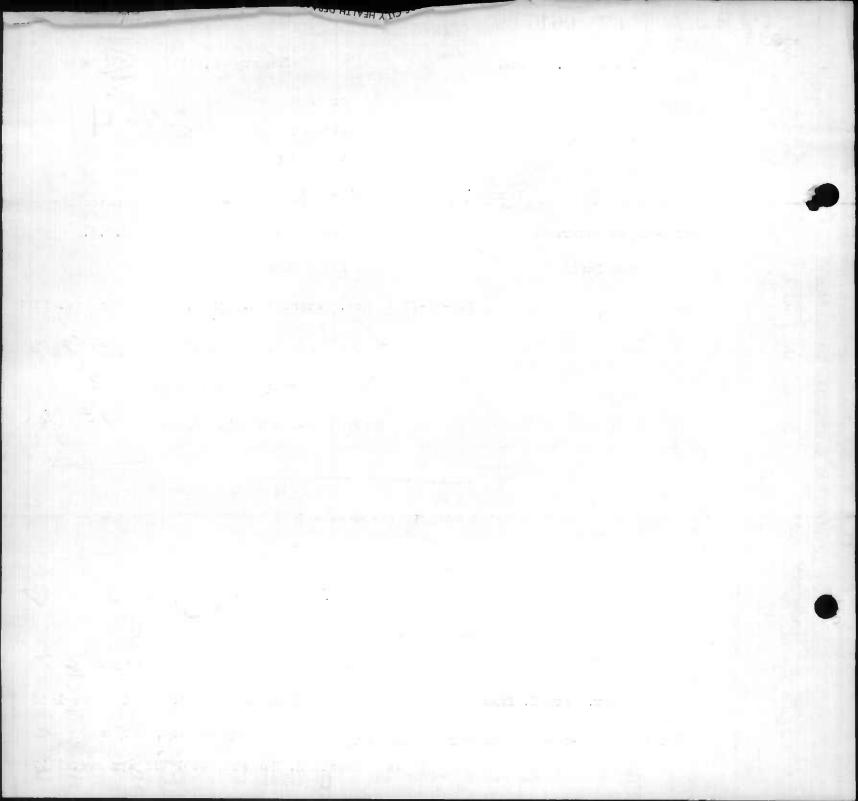
CM.	BALTIMORE CITY	HEALTH DEPARTMENT		67 0643
BIRTH NO. 67 0643	CERTIFICA	TE OF DEATH	Registered Na.	07 0040
M.E. CASE NO.  1. NAME OF DECEASED ———			ND HOUR OF DEATH	
Type or Print) Rebecca	ISAACH			5-580
3. PLACE OF DEATH IN BALTIMORE MARYLAND	TZHHC		- 17-67	nstitution: residence before admission
The state of the s		A. STATE B. COUN		manufacture books dumasi
FULL NAME OF (If not in hospital ar instituti	an, give street	MARYCAND		
HOSPITAL OR oddress or location	_	C. CITY OR TOWN (If ou		RU AL and give township)
SINAI HOSPITAL of BI	allimore INC	BALTIMORE	/	5-12
3 1411 1100/11		D. STREET ADDRESS (IF	rural, give location)	
14-21		3810 COTTAG	se Aue	
SEX 6. RACE 7. MARR	IED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 h
	WED, DIVORCED (specify)	MARINAGRAMA	lost birthdoy)	Months Days Hours Min
OA. USUAL OCCUPATION (Give kind of work 10 B. KIND			eign country)	12, CITIZEN OF
one during most af warking life, even if retired)				WHAT COUNTRY?
MARIAM Housewife	At Home	RUSSIA		USA
3. FATHERS NAME	21:0: 0:	14. MOTHER'S MAIDEN NA	ME	
3. FATHERS NAME ROSENBERG.	Philip Simon	Chia ?	~	
5. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(es, no or unknown) (If yes, give wor or dotes of servi	SECURITY NO.			
NO	No	Mr. Louis Isa	rac. 6631 Ch	ippewa Drive #9
18. 422.11	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A)	meumoNIA.		month.
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO			
injury ar complication which caused death.)				1
ANTECEDENT CAUSES	(B)	***************************************	• •••••••••••••••••••••••••••••	
DISEASES OR CONDITIONS, if any, give	in a			
rise to the obove couse (A) stating	the (C) AS	CUHD.	***************************************	000000
UNDERLYING CONDITION last.				
_ 11		-		
OTHER SIGNIFICANT CONDITIONS CONTRIBU				
A DISEASE OR CONDITION CAUSING II.				
11	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 20B. IF YES, WERE	FINDINGS CONSIDERED
HONE WAS PERFORMED				
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, af	or about 21 C. WHERE DID	(If in Boltimor	re City, give exact location)
DEATH (notify medical examiner)	etc.)	into sings, into oki occok:		
21 D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID IN.	IURY OCCUR?	
OF INJURY	While At Not While		• • • • · · ·	
(APPROX.)	Work At Work			
22. I certify that (1) (this haspital) attended	ed the deceased fram	12/20	19 66 to 1	1-17 196
that (1) (we) last sow the deceased alive	un 1-16			inion deoth occurred on the
				doon occurred on the
and hour and from the causes stated above	e. (1) (πe) (ατα) (did not) ν	iew the body ofter deoth.		OOD DATE SIGNED
23A. SIGNATURE	X	- A4-4	Su-W - /	23B. DATE SIGNED
Leslie Chromown	M.D. Atte	nding Med. Director	Stoff Phys.	1-17-67
23C. PHYSICIAN'S	1	23D. ADDRESS	0 -	
Cescle RORAMOWING	M.D.	SINAI HOS	SP. of BALTIM	ORP. IK.
) 1/1/2-			<u>′</u>	
REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MAIURT 24D. I	OCATION	City, town, or county) (State
Burial 1/18/67 A	gudas Achim Ansh	e Shand	Baltimoro	Maryland
	AE OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
20 100	O E Haile A.D	Car faile	C RHOL TOO	6010 Rozatonat
25A. DATE REC'D BY AHLAUGH DEPO C7 258 NA	of El Falley M.D.	25C. FUNERAL DIRECTO	R	ADDRESS 6010 Reisters



67 0645  ITH NO.  E. CASE NO.  IAME OF DECEASED  DE OF PINT)  THE DEED OF PANAM OF			67 0645
AME OF DECEASED	CERTIFICA	TE OF DEATH Registered	d No.
ne or Print)		2. DATE AND HOUR OF D	DEATH
WILBUR GRAHAM C	OLHOUER	Jan. 18, 19	67 1:30 P.
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased live	
		Maryland	
FULL NAME OF (If not in hospital or institution, grand oddress or location)	ve street	C. CITY OR TOWN (If outside city limits,	WITH RURAL and ine township)
NSTITUTION		Baltimore	21-52
2821 Georgetown Rd.		D. STREET ADDRESS (If rurol, give locoti	ion)
		2821 Georgetwwn Rd.	
	NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In year	If Under 1 Yr., If Under 24 Hr. Months: Doys Hours Min.
Male White Sing	DIVORCED (specify)	Jan. 5, 1906 lost birthdoys	Months Doys Hours Min.
USUAL OCCUPATION (Give kind of work 10B. KIND OF I		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
e during most of working life, even if retired)			WHAT COUNTRY?
Watchman	Trucking	Maryland	U.S.
FATHERS NAME		14. MOTHERS MAIDEN NAME	
George M. Colhouer		Maggie M. Michael	
Was Deceased Ever in U. S. Armed Forces? s,no or unknown)(If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No l		Mrs. Bertha Purper-2409	W. Patansco Ave.
18.753331	CAUSE O		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		0	ONSET AND DEATH
LEADING TO DEATH	$\mathcal{C}$	arcinoma segm	wid 6 mouth
(This daes not mean the made of dying, e.g.,	DUE TO	wanoma sign	way company
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		U	
	(B)		
ANTECEDENT CAUSES	DUE TO	A APPER PROPER AND A A A A A A A A A A A A A A A A A A	**************************************
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	(C)		
UNDERLYING CONDITION last.	100000000000000000000000000000000000000	99999999888888888888888888888888888888	••••••••••••••
11			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. CONDITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED IG CAUSES OF DEATH?
sept 1966 Carcinemic	Legenwill		
21A. ACCIDENT WAS UNDERLYING 21B. P	LACE OF INJURY (e.g., in form, foctory, street, of	n or obout 21 C. WHERE DID (If in B fice bldg., INJURY OCCUR?	Soltimore City, give exact location)
DEATH (notify medical examiner) etc.)			
	INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	At Not While		
OF INJURY While	MI INOT AAUITE		
OF INJURY (APPROX.) While Work	At Work		0 1
OF INJURY While	At Work		Jan 18 1967
OF INJURY (APPROX.) While Work	At Work	Dec 12 1955 10	//
OF INJURY (APPROX.)  While Work  22. I certify that (I) (this hospital) attended the	At Work  deceased from  Jenn 17	Dec 12 19 55 to	
OF INJURY (APPROX.)  While Work  22. I certify that (I) (this hospital) attended the that (I) (wa) last saw the deceased alive an	At Work  deceased from  Jenn 17	Dec 12 19 55 to	
OF INJURY (APPROX.)  While Work  22. I certify that (I) (this hospital) attended the that (I) (this last saw the deceased alive an and have and from the causes stated above. (I)	At Work  deceased from  (did) (did) v	Dec 12 19 35 to 19 67 and that In (my) (68 iew the bady after death.	pinion death accurred on the do
OF INJURY (APPROX.)  While Work  22. I certify that (I) (this hospital) attended the that (I) (this last saw the deceased alive an and have and from the causes stated above. (I)	At Work  deceased from  //  //  //  //  //  //  //  //  //	Dec 12 19 35 to	ppinion death accurred an the do
OF INJURY (APPROX.)  While Work  22. I certify that (I) (this hospital) attended the that (I) (wa) last saw the deceased alive an and haur and fram the causes stated above. (I)  23A. SIGNATURE  While P. Welsek  23A. SIGNATURE  WHILE P. Welsek  23 O. HYSICIAN'S NAME (Ive)	At Work  deceased from  (did) (did) v  M.D. Atte	Dec 12 19 35 to 19 67 and that In (my) (estimated by the bady after death.  Inding Med. Stoff Phys. 23D. ADDRESS	23B. DATE SIGNED Jan. 19, 1967
OF INJURY (APPROX.)  While Work  22. I certify that (I) (this hospital) attended the thin (I) (this hospital	At Work  deceased from  //  //  //  //  //  //  //  //  //	Dec. 12 19 33 to  19 67 and that In(my) (est  iew the bady after death.  Inding I Med. Stoff Phys. I  23D. ADDRESS  1227 Washington Blvd	Jan. 19, 1967  Baltimore 21230, 1
OF INJURY (APPROX.)  While Work  22. I certify that (I) (this hospital) attended the that (I) (the last saw the deceased alive an and have and from the causes stated above. (I)  23A. SIGNATURE FOLLIE  23O. HYSICIAN'S NAME (Type)  John P. Urlock, BURIAL CREMATION, 124B. DATE  [24C. NA)	At Work  deceased from  (did) (did) v  M.D. Atte	Dec. 12 19 33 to 19 67 and that In(my) (complete the bady after death.  Inding	pinion death accurred on the do
OF INJURY (APPROX.)  While Work  22. I certify that (I) (this hospital) attended the that (I) (the last saw the deceased alive an and hour and fram the causes stated above. (I)  23A. SIGNATURE FOLLIE  23O. HYSICIAN'S NAME (Type)  John P. Urlock,  BURIAL CREMATION, REMOVAL (Specify)  24C. NAME	M.D. Attempts  M.D. Attempts  M.D. Attempts  M.D. Attempts  M.D. Attempts  M.D. M.D. Attempts  M.D. M.D. Attempts  M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D	Dec. 12 19 33 to 19 67 and that In(my) (colors before Director Phys. 22D. Address 1227 Washington Blvd	Jan. 19, 1967  Baltimore 21230, 1  (City, town, or county) (Stote)
OF INJURY (APPROX.)  While Work  22. I certify that (I) (this hospital) attended the that (I) (the last saw the deceased alive an and hour and fram the causes stated above. (I)  23A. SIGNATURE FOLLIE  23O. HYSICIAN'S NAME (Type)  John P. Urlock,  BURIAL CREMATION, REMOVAL (Specify)  24C. NAME	At Work  deceased from  A.D. Atte Phy  Jr. M.D.  ME of CEMETERY or CRE  dowridge Memo	Dec. 12 19 35 to 19 67 and that In(my) (colors before Director Phys. 23D. Address 1227 Washington Blvd	Jan. 19, 1967  Baltimore 21230, 1  (City, town, or county) (Stote)



d'	0040	BALTIMONE	DEFARIMENT		67 314 31
	RTH NO. 67 0646	CERTIFICA	TE OF DEATH	Registered Na	b/ Ub4b
1.	NAME OF DECEASED		1	D HOUR OF DEATH	100
	JUSEPH A. BEALL			ary 19, 1967	м.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN	re deceasod lived, If ins ITY	titution: residence before admission)
	FULL NAME OF (If not in hospitot or institution, g	jive street	Maryland		- 1
	HOSPITAL OR oddross or location) INSTITUTION		C. CITY OR TOWN (If out	tside city limits, write RI	IRAL and give township)
	921 II		Baltimore	0	3 - 9
	00 821 Unetta Avenue			rurol, give location)	
			821 Unetta A		
5,	WIDOWED	, DIVORCED (specify)		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Ooys Hours Min.
	Male White Marri		9-28-1905	61	
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF one during most of working lile, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	Auto Sprayer Retired		Maryland		U.S.A.
13	FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	
	Alphonsus Beall		Alice McMan	n	
1,5	. Was Doceased Ever in U. S. Armad Forcas? as, no or unknown](If yas, give wer or datas of service)		17. INFORMANT	<del>-</del>	ADDRESS
	No	SECURITY NO.	Mara Managarat '	T Dool1 00	1 11 0100
	18. (18. (18. (18. (18. (18. (18. (18. (	217-09-7714 CAUSE OF		L. beall, 62	1 Unetta Ave. 2122
	DISEASE OR CONDITION DIRECTLY	1	2 /	0 ,	ONSET AND DEATH
	LEADING TO DEATH	(A) 4	wy hyseu	a dult	1545
	(This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. It meens the disease,	OUE TO	1111	, 1	
	injury or complication which coused death.)	//	P. VIII DIAL	N Lolis	7
	ANTECEDENT CAUSES	(B)	Account	1) Ir was	F
	DISEASES OR CONDITIONS, if ony, giving	7	linii Bini	to	13 40
	rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	(C)	crome y sron	eme que	0 1 103
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	;			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	19A. DATE OF OPERATION 19B. CONDITION FOR V WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B.	VHICH OPERATION	20 A. AUTOPSY? (Yos or No	IN CERTIFYING CAU	NDINGS CONSIDERED SES_OF_DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B.	DI AGE OF INTITION	to do C willens bilb	(If : B is	
	OR CONTRIBUTING CAUSE OF hom	e, farm, foctory, stroot, off	or about 21 C. WHERE DID fice bldg. INJURY OCCUR?	lif in Boltimore	City, give exact location)
1					
	OF INJURY	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
	(APPROX) Whi	le At Not While	, 🗆	- ( 1	
	22. I certify that (1) (this haspital) attended th	ie deceased fram	Jub	1954 10 Ja	u 19 1967.
	that (1) (we) last saw the deceased alive an	Jan 16	19 6 7 and th	at in apin	ian death accurred an the date
	and haur and fram the causes stated above. (I	(did) (did v	. /	7	
	23A. SIGNATURE		,		23B. DATE SIGNED
	17,000	M.D. Atto	nding Med.	Stoff Phys.	1-20-67
	23 C. PHYSICIAN'S	A -	3D. ADDRESS	rnys.	
	Dr. Earl I. Pass	M.D.	4001 Wilkens	Avenue Ral	timore, Maryland
2	IA. BURIAL CREMATION, 248. DATE 24C, NA	ME of CEMETERY OF CRE			, town, or county) (Stote)
	Burial 1-23-67 Mea	dowridge Ceme	terv	ward County	Maryland
2:	A. DATE REC'D BY HEALTH DEPT.   25B. NAME O		25C. FUNERAL DIRECTOR		ADDRESS
	JAN 2 3 1967 R. P. A.	E. Farbouth	Howard H. Hub	bard, 4107 W	ilkens Ave. 21229
V	150-REV. 1/1/65	670	0 0 4	-	



F-243

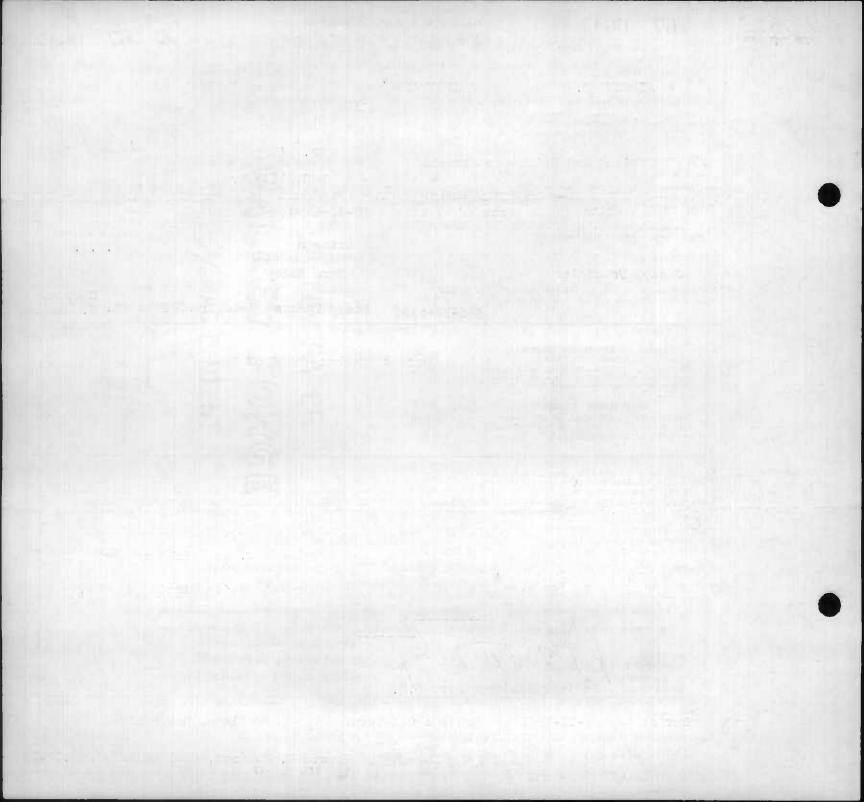
BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. D. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD SIDNEY FAHSHOLTZ January 7, 1967 2:40 AM 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
R. COLINTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) **FULL NAME OF** C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR Ft. Rilev Popland and Fairhaven Streets D. STREET ADDRESS (If surel, give location) HHC, 1163 Armd 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years last birthday) 7. MARRIED, NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED(specify) Months, Doys, Hours, 36 White Male 10-30-1930 Married 10A. USUAL OCCUPATION (Give kind of work) 0B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Arizona U.S.A. 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Joseph Fahsholtz Nora Riley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS Clovis, (Yes, no or unknown), (II yes, give wor or dotes of service) SECURITY NO. Steed Funeral Home, 1600 Pile St. N. Mexico 545-38-6131 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (AContact Gunshot Wound of Head (This does not mean the mode of dying e.g., heart failure, asthenia, etc. It means the discose. injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) O 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE ERTIFIC DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 119R. CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?  $\ddot{\circ}$ No 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, farm, foctory, street, office bldg., INJURY OCCUR?

etc.) Street Popland St. of Fairhouse 21 A. EXTERNAL CAUSE WAS UTING CAUSE OF DEATH. Popland St. at Fairhaven 21F. HOW DID INJURY OCCUR? 21D TIME 21E. INJURY OCCURRED (Yeor) (Hour) OF INJURY WHILE AT (APPROX.) NOT WHILE X 2:25m. WORK Shot self while sitting in car. 22. I certify that I held on Inquiry Inspection X Autopsy ond that on this basis, death in my opinion resulted from: Natural causes Spicide X Accident Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE. EXAMINER'S ASSOCIATE MEDICAL EXAMINER 1/7/67 NAME (Type) Rudiger Breitenecker, M.D. 23A. BURIAL CREMATION. 23C. NAME of CEMETERY of CREMATORY 23 D. LOCATION (City, town, or county) REMOVAL (Specily) Burial 1-22-1967 Hollene Cemetery Hollene, New Mexico 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR 24A, DATE REC'D BY HEALTH DEPT. ADDRESS

Howard H. Hubbard, 4107 Wilkens Ave. 21229

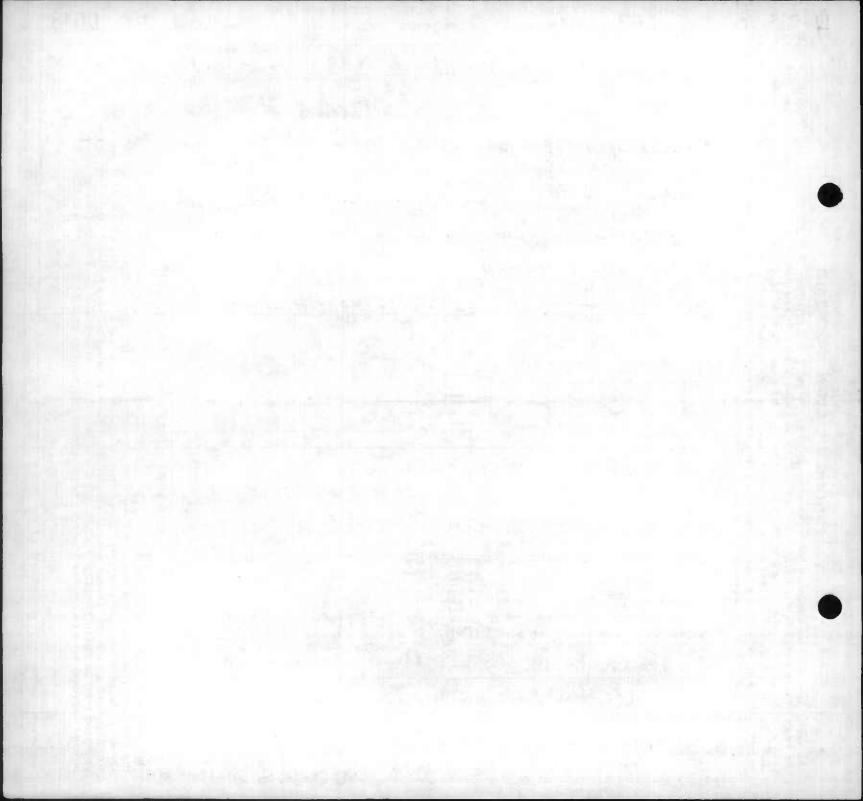
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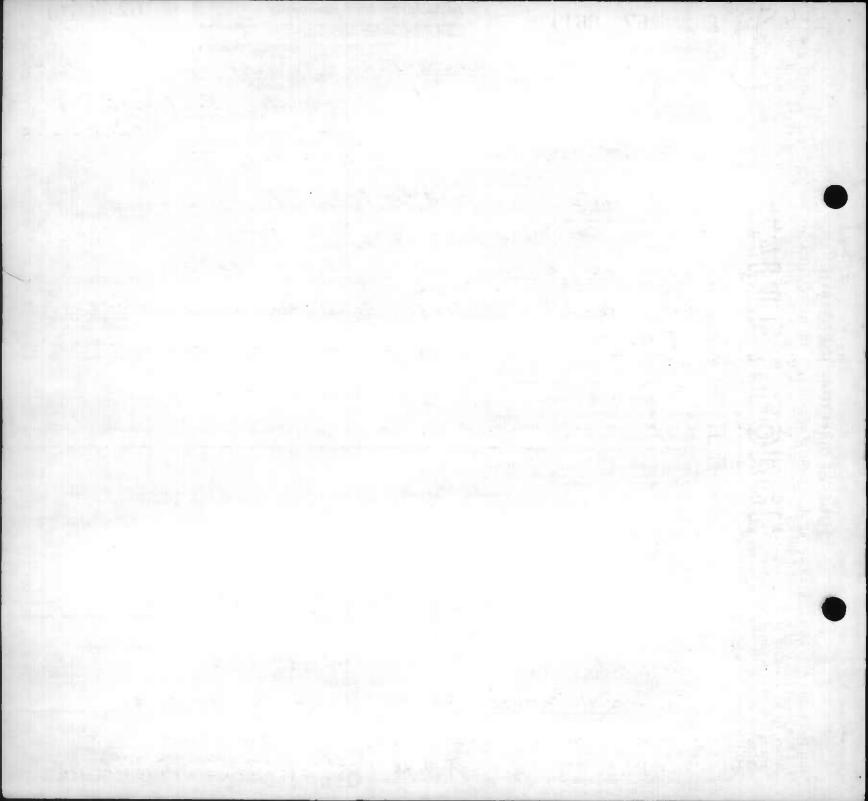
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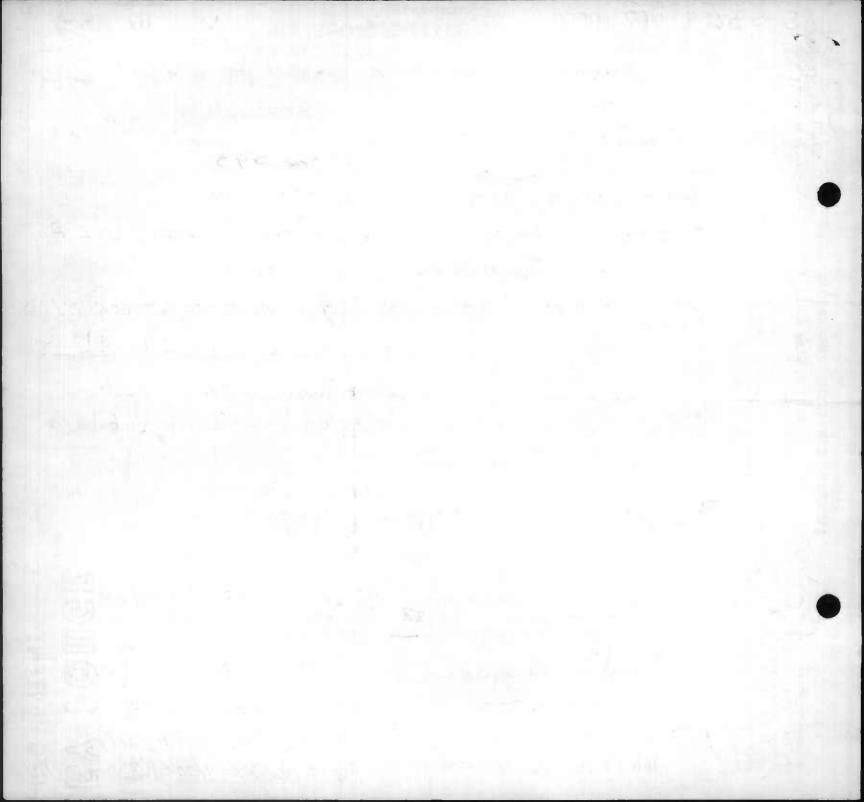
00 00 10	BALTIMORE CITY	HEALTH DEPARTMENT	67	7 0040
BIRTH NO. 67 0648 M.E. CASE NO.	CERTIFICA	TE OF DEATH Reg	istered No.	0648
I, NAME OF DECEASED		2. DATE AND HOU	R OF DEATH	
(Type or Print) JOHN FRANCIS H)	AGAN	1-20-	-67.	H130 AM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	2	4. USUAL RESIDENCE (Where deceos	sed lived. If institution:	residence before odmission)
FULL NAME OF (If not in hospital or institution,	and the state of	Md- BARRO		
HOSPITAL OR oddress or locotion)	give siteet		limits, write RURAL or	nd give township)
		BALTIMORE	//	1-02
37MERCY HOSPITAL	INC.	D. STREET ADDRESS (If rurol, giv.		
		808 St. Paul	St.	
	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE	(In years If Und	er 1 Yr. If Under 24 Hrs.
MALE WHITE	SEPARATED	11-23-1894	73	1
IOA. USUAL OCCUPATION (Give kind of work 10B. KIND OF		11. BIRTHPLACE (Stote or foreign count	ry) 12. CI1	IZEN OF
done during most of working life, even if retired)	FFEILD	BALTIMORE, M		
RETIRED CHAL	IFFEUR	14. MOTHER'S MAIDEN NAME	D	U. S.A.
	1		11	
MICHAEL F. HAGAN		MINNIE SC		
5. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	238 5.1	BOULDIN 57
NO -	213-01-85074	MARY HILYNCH	BALTO.	21224.MA
1B. 22/VI	CAUSE O	F DEATH	011211	INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A)	CVA		3 d.
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO			
injury ar complication which caused death.)				
ANTECEDENT CAUSES	(8)	***************************************		0-0-0-1
DISEASES OR CONDITIONS, if any, giving	DUE 10			
rise to the above couse (A) stoting the	(C)			
UNDERLYING CONDITION Iosi.				
7				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	WHICH OBTERATION	20 A. AUTOPSY? (Yes or No! 20B. II	E VEC WERE FINIDIALS	CONFIDENCE O
198. CONDITION FOR WAS PERFORMED	WHICH OFERATION	IN CE	F YES, WERE FINDING RTIFTING CAUSES OF	DEATH?
U 21A. ACCIDENT WAS UNDERLYING [218.	PLACE OF INJURY (e.g., i	n or about 21C. WHERE DID	(If in Boltimore City, gi	ve exact location)
OR CONTRIBUTING CAUSE OF hom etc.	e, form, foctory, street, o	fice bldg., INJURY OCCUR?		
U				
UF INJURY	INJURY OCCURRED	21F. HOW DID INJURY OC	CUR?	
	ile At Not While	•		
22, I certify that (1) this hospital) ottended to	he deceosed from	1-17- 1967	10 /-	20 1967
that (1) (we) lost saw the deceased alive an	1 - 20 -		/	oth occurred an the date
	Ow Middle	_	y, (our, opinion de	on occorred on the dur
ond hour ond fram the couses stated obave.	(did not)	riew the body offer death.	lean B	22 4141123
23A. SIGNATURE	14 . D A.	ending Med. Stoff	23 B. DA	TE SIGNED
CEplum J. wo on the	Phy	ending Med. Stoff Phys.	1 1-	10-67
23C. PHYSICIAN'S NAME (Type)		23 D. ADDRESS		
STEPHAN J. WIT	TMANN M.D.	MESEG	HOSPI	TAL
	AME of CEMETERY of CR	EMATORY 24D. LOCATION	N (City, Iown,	or county) (Stote)
REMOVAL (Specify)	AW I Dure	1:1510 73350	FRETER	OLUN RALTO, CO.
SUMINE I-23-61 U	DE REGISTRAR	CEM. 7225 E	HOIERN	ADDRESS ME
IAN 9 2 4007 A O A	Q Z Q MS	D. D. C. C. C.	10 9015,0	ONKLING ST
JAN 2 3 1301 (12 62 D	C. GONFOUR	Marker Sigl	Wey BAL	TO, 24, 40.
VS 150-REV. 1/1/65				





Such Deceased M.E. CASE NO. (Type or Print) uo death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND of ance A. STATE B. COUNTY 2 cause Maryland FULL NAME OF (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN attend INSTITUTION Waldorf prior D. STREET ADDRESS contributing (4) Undetermined regular MARRIED REVER MARRIED 5. SEX 6. RACE B. DATE OF BIRTH eceased mac WIDOWED, DIVORCED (specify) lost birthdoy) ale Married hite /13/02 64 10A USUAL OCCUPATION Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) isposition done during most of working life, even if retired) 2 OWNER ISTRICTOF ŏ SID the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 3 IVN DERS Hubert assistant death 0 0 5. Was Deceased Ever in U. S. Anned Forces 6. SOCIAL 17. INFORMAN final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance any pronounced 0 DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH (This does not mean the made of dying, heart failure, asthenio, etc. It means the disease. e chief medical examiner ar injury or camplication which caused death.) o 6 who ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stating the (3) physician remains UNDERLYING CONDITION Inst. Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Body the 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No! the 0 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF Careyvous CA rung 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 3 ere to the hospital ŝ DEATH (notify medical examiner etc.) any nature; Ŷ 3 MEDIO obtained 21 D. TIME (Month) (Doy) (Year) (Hourl 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except Not While While At (APPROX.) At Work Work and 22. I certify that (I) (this haspital) attended the deceased from that (1) (we) last saw the deceased alive an 19 eath) hospital must and haur and from the causes stated above. (1) (We) (did) (did) view the bady after death. An accident 23A. SIGNATURE Ö Attending Stoff M.D. Med. 10 Phys. approval Director 8 23C. PHYSICIAN'S prior 23D. ADDRESS at NAME (Typel Flovd Bryan The shows: (1) 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CREMATORY eceased the body o REMOVAL (Specify) å Was \$ 0 VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT TH NO. Registered No. RTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH A. USUAL RESIDENCE (Where deceased lived, If Institut on: residence before admission) (If outside city limits, write RURAL and give (If rural, give tocation) If Under 1 Yr. If Under 24 Hrs. 9. AGE (In years Hours 12. CITIZEN OF WHAT COUNTRY? Nettie Fawlar ADDRESS 19 PEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO (If in Boltimore City, give exact location) and that in (my) (aur) apinion death accurred an the date 23B, DATE SIGNED Johns Hopkins Hospital



5-562-67	OC51 BALTIMO	ORE CITY HEALTH DEPARTMENT	000
BIRTH NO.	CERTI	IFICATE OF DEATH Registere	d No. 57 11651
M.E. CASE NO.		2. DATE AND HOUR OF	DEATH O
Type ar Print)	una gun	mers 1/18/6	7 7.00 1
. PLACE OF DEATH IN BALTIMO	ORE, MARYLAND	4. USUAL RESIDENCE (Where deceased live A. STATE B. COUNTY	ed. If institution: residence before admiss
	haspital at institution, give street	Maryland	
INSTITUTION	ORE CITY HOSPITALS		, write RURAL and give tawnship)
	astern Avenue	Baltimore D. STREET ADDRESS (K mak mive long)	lion)
	ore 21224, Maryland	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	AVO
SEX 6. RACE	7. MARRIED, NEVER MARRIE WIDOWED, DIVORCED (SE	D B. DATE OF BIRTH 9. AGE (In year	ors If Under 1 Yr., If Under 24 Manths: Doys : Hours : Min
Female White	Married	7-28-83 83	
OA, USUAL OCCUPATION (Give ki		NDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Unknown		Mary ?	
5. Was Deceased Ever in U. S. A Yes, na ar unknown) (If yes, give we	or or dates of service) 1 6. SOCIAL SECURITY N	17. INFORMANT	ADDRESS
NO NO	?	RECORDS: BCH 4940 Ea	stern Ave. #21224
18. 42211		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDIT	10N DIRECTLY	A	
heart failure, asthenia, etc. injury or complication which ANTECEDENT	caused death.)	Quet closetion of pespirale	<b>생</b>
DISEASES OR CONDITION		E TO	
uise to the obave cou			
11	1431		
OTHER SIGNIFICANT CONDITION OF THE DEATH BUT N		Di Anno	UDB
&   DISEASE OF COMPLIION CY	USING IT.	ON [20A. AUTOPSY? (Yes or No.)] 20B. IF YES.	WERE EINDING COMPARED
	98. CONDITION FOR WHICH OPERATI	IN CERTIFYII	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH? YES
21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE DEATH (notify medical examin	OF home, farm, foctory,	URY (e.g., in or obout 21C. WHERE DID street, office bldg., INJURY OCCUR?	Baltimare City, give exact location)
Q 21D. TIME (Month) (Day	(Year) (Hour) 21E, INJURY OCCU		
(APPROX.)	While At Work	Not While At Work	1100
22. I certify that (I) (this	hospital) ottended the deceased fi		1/105 10/2
	deceased alive on		ur) opinian death occurred on the
7	ses stated obove (We) (Me) (d)) (d		
23A. SIGNATURE	0.	The state of the s	23B, DATE SIGNED
1-3	Strawers	M.D. Attending Med. Stoff Phys.	1/18/67
23C. PHYSICIAN'S		23D. ADDRESS	7 4
NAME (Type)	STRAUSE	M.D. Dalt 1940 1981	Ave. 1020
24A. BURIAL CREMATION, 24B. REMOVAL (Specify)	DATE 24C. NAME of CEMETE	RY OF CREMATORY 24D. LOCATION	(City, town, or county) (Sto
Burial 1	/23/67 Cedar Hil	Ritchie H	ighway.Md
25A. DATE REC'D BY HEALTH DE		25C. FUNERAL DIRECTOR	ADDRESS
18 AL O 9 40	GT AD RO JACK	MA Claston 6. Donova	en - 3818 Roland a
/S 150-REV. 1/17/65	101 Uben O C. North		

MC 3 Grant

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			Y HEALTH DEPARTMENT		0050
1	th No. 67 0652	CERTIFICA	ATE OF DEATH	Registered No	67 0652
1. N	E CASE NO.			HOUR OF DEATH	
(Ту	pe or Printl William Re	bert Rooney	Jan 18	3.1967	2.45 P. N
3.	PLACE OF DEATH IN BALTIMORE, MARYLAN		4. USUAL RESIDENCE (Where A. STATE B. COUNTY	deceased lived. If ins	titution: residence before odmissian)
	FULL NAME OF (If not in hospital or inst HOSPITAL OR oddress or location) INSTITUTION	titution, give street	Maryland C. CITY OR TOWN (If outside	de city limits, write R	URAL and give township)
,			Baltimore		13-0P
1	Union Memorial Ho	s p	D. STREET ADDRESS (If run	ol, give locotion)  od Ave	
5. 5		ARRIED, NEVER MARRIED IDOWED, DIVORCED (specify)		AGE (In years st birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	Male White M	arried	Nov 14,1885	81	
	LUSUAL OCCUPATION (Give kind of work 108, )  the during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
		Balto City	Maryland		U.S.
	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Unknown		IInlenous		
5.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	Unknown 17. INFORMANT		ADDRESS
1.6	s,no or unknown) (If yes, give wor or dates of s	SECURITY NO.	Bertha W.Room	NAT 11176 T	ava boowlie
_	no no		OF DEATH	103.1410 1	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTL	γ	434		ONSET AND DEATH
	LEADING TO DEATH	(A)	Cerebro-Vascular	accelerat	sudden
	(This does not mean the made of dying heart failure, asthenia, etc. It means the d	g, e.g., DOL 10			
	injury at complication which coused death				
	ANTECEDENT CAUSES	DUE TO	rick desiral terminal desirals (0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	papan m m musi m m m uru-uru m m uru-uru m a uru-uru-uru m a uru-uru-uru m a uru-uru-uru m a uru-uru-uru-uru-uru-uru-uru-uru-uru-uru	0000 T
	DISEASES OR CONDITIONS, if ony,	giving	ebrel-actions Por	-	4 ears
	rise to the above cause (A) statis UNDERLYING CONDITION lost,	ng ine (C) Cic.	wax anerone		
	П				
ON					
AT	DISEASE OR CONDITION CAUSING IT.				
CERTIFICATION	19A. DATE OF OPERATION 198. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	
CER	21A. ACCIDENT WAS UNDERLYING	21B, PLACE OF INJURY (e.g.	, in or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street,	office bldg., INJURY OCCUR?	Johnnore	
EDIC	21D. TIME (Month) (Doy) (Year) (Ho	ur) 21E. INJURY OCCURRED	21 F. HOW DID INJUI	RY OCCUR?	
\$	OF INJURY (APPROX.)	While At Work At Work			
	22 1			13.	100 1067
	22. I certify that (I) (this haspital) atta	ended the deceosed from	19	. \$ \ ( )	190
	that (1) (we) last sow the deceased ali			in (wh.) (onl.) abiu	ion death accurred on the dat
	and hour and from the causes stated a	bave. (1) (Wa) (did) (did not)	view the body after death.		
	23A. SIGNATURE	44 D A	ttending Med. S	leff -	23B. DATE SIGNED
	Reulen Byfor	M.D. A	hys. Director P	hys.	1-19-67
	23C. PHYSICIAM'S REUBEN H	DEEMAN M.E	23D. ADDRESS D. 846 CW. 36	2 St. BA	CTIHOLE, MD.
24/	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY or C			y, town, or county) (State)
		Woodlawn	Wood	llawn, Md.	
25/	A. DATE REC'D BY HEALTH DEPT. 258.	Woodlawn NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		A DDRESS
	IAN 2 3 1967 10	02 A & Farburia	Osestento. D	orwand - 3	3818 Roland ave
VS	150-REV. 1/1/65	GCV , /			

setember and the comment Michigan Company of Michigan . . . .

IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

S. M. T. Marce 403 N CHITLE S Therewise Morris Brens Comes Hickory W. Morre - 41 = 11 Leater

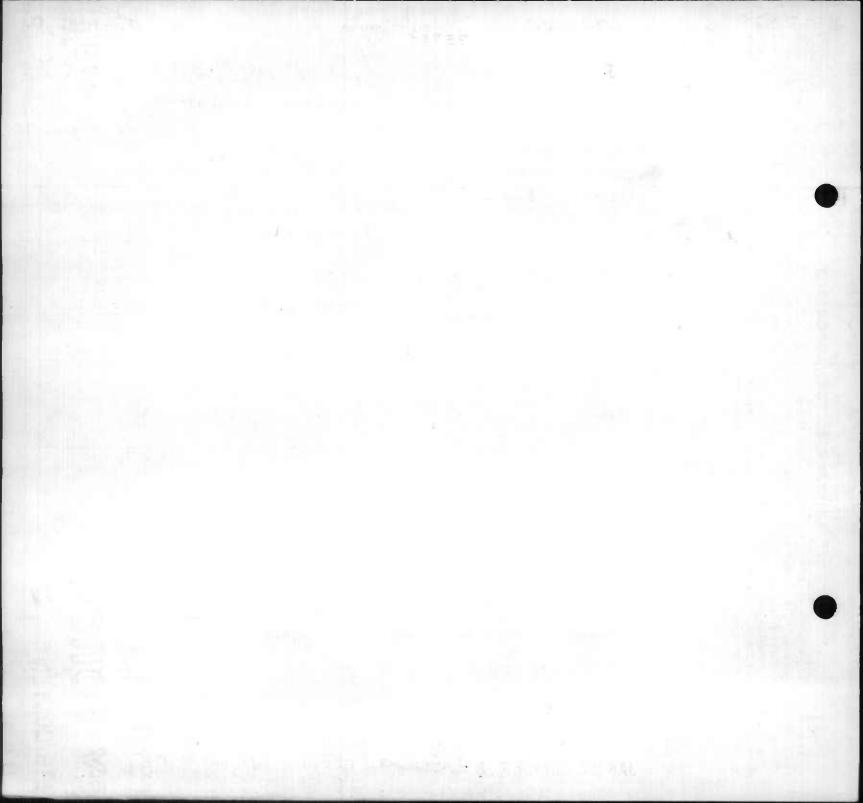
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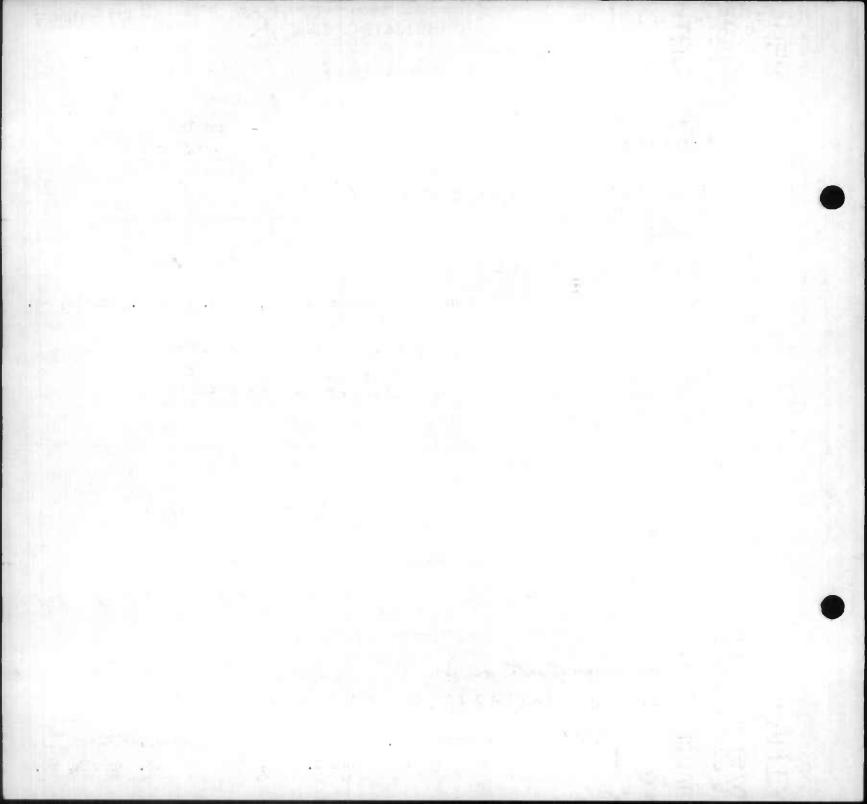
VS 150-REV. 1/1/65

			BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.		0654	CERTIFICA	TE OF DEATH	Registered Na.	67 0654
. NAME OF	DECEASED			2. DATE	AND HOUR OF DEATH	DOVE
Type or Print		lerwood		Janu	ary 20,1967	76
. PLACE OF	DEATH IN BALTIMOR			4. USUAL RESIDENCE (W	here deceased lived. If in	stitution: residence before admission
				A. STATE B. COL		
FULL NAM	ME OF (If not in he OR oddress or	ospital or institution	on, give street	Maryland	Baltimore	
INSTITUTION		1000110117			outside city limits, write,	AURAL and give township)
10				Baltimore	0	00
4404	Groveland A	Avenue			(If rurol, give location)	
					land Avenue	
SEX	6. RACE		ED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Monthsi Doys Hours Min.
Male	White	Mar		5-14-1905	61	
			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF
	ost of working life, even it r	etired)		Donneyslyani s	9	USA
ACCO 3. FATHER'S	untant			Pennsylvani a		ODA
· LUILEK 2	1201416			NOTHERS MAIDEN N	OW E	
Jac	k Underwood	d		Maude -		
. Wos Dec	nased Ever in U. S. Am nown)(If yes, give wor	ned Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	yes, give wor	o. doies at setate	SECURIT NO.	Dorothy B II	Inderwood -4	404 Groveland A
NO	600.		CAUSE O		Indel wood =	INTERVAL BETWEEN
	53.8		CAUSE O	LOSMIN		ONSET AND DEATH
, p	ISEASE OR CONDITION LEADING TO D		9200	latela 1.	1 1 1 1 1 1	G
(This d	pes not meon the mo		(A) VUE	astatre Car	een of colo	n / mos
	ilure, osthenio, etc. It		-3.,		U	
injury o	complication which	coused deoth.)				
	ANTECEDENT C	AUSES	(B)	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • •	
DISEAS	ES OR CONDITIONS	if ony, giv				
	the obove couse		the (C)			
UNDER	LYING CONDITION IS	51,				
z	Ш		7.11.0			
	SIGNIFICANT CONDITION OF THE PROPERTY OF THE P					
DISEAS	OR CONDITION CAU	SING IT.		190 A A 11=0 - 11-12	N. V. COR. LE VICE	
19A. DA	TE OF OPERATION 191	S. CONDITION FO AS PERFORMED	OR WHICH OPERATION	ZUA. AUTOPSY? (Tes or	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CON	CIDENT WAS UNDERLY	YING [	21B. PLACE OF INJURY (e.g., it home, form, factory, street, of	fice bldg INJURY OCCUR?	(If in Baltimor	e City, give exact location)
	(notify medical examiner)		etc.)			
21 D. TIM		(Yeor) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?	
OF INJU	RY		While At Not Whil	e 📉		
(APPROX	.,		Work Al Work			
22. I ce	rtify that (1) (this ha	spital) attende	d the deceased fram	May29	1950 to	Jan 20 196
that (I)	(#e) last sow the de	ceased alive	in Say,			nion death accurred an the
23A, SIG		2 210140 000 VE	o. (I) ( <del>We)</del> (did) (did <del>-noi</del> ) v	lew the bady diter death	Пе	23B, DATE SIGNED
230, 310	1	5.7	P M.D. Atte	ending Med.	Stoff	9
	10 W.	2018 18	Tren Phy	s. Director	Phys.	fau. 20,
	SICIAN'S ME (Type)			23D. ADDRESS		
(NA)	TIE (1700)		M.D.			
4A. BURIAL	CREMATION, 24B. DA	ATE  240	. NAME of CEMETERY or CRI	MATORY 24D.	LOCATION (C	ity, town, or county) (State
	AL (Specify)					
Buria		3-67 D	ulaney Valley (		altimore, Ma	
5A. DATE	EC'D BY HEALTH DEPT		E OF REGISTRAL	25 FUNERAL DIRECT	l'Omicos	ADDRESS
	JAN 23	196/106	to E' Langer Ha	Commen	4600 Libe	erty Hghts. Ave.
						1 0

Comuch. 4600 Liberty Hghts. Ave.



	CM OULL BY	LTIMORE CITY	HEALTH DEPARTMENT		000
		ERTIFICA	TE OF DEATH	Registered No	67 0655
1, N	AME OF DECEASED MERLE E. DORSETT		2. DATE ANI	HOUR OF DEATH	
(Тур	PEOF PRINTES HERLE E	DOR	SETT 1	119/67	10 'FOA. N
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If ins	stitution: residence before admission
,	FULL NAME OF (If not in hospital or institution, give street			ltimore	Ball A.
F	MOSPITAL OR address or locofion) NSTITUTION				URAL ond give township)
	all a Dell Hall & Has	NITA!	BALTO	- Dundalk	53-00
(	EffureH HOME & HOS,	DITTIC	D. STREET ADDRESS (If re	urol, give location)	C /
-	5		831 5.	3000	St.
	TEMPLE WHITE TO MARRIED, NEVER A WIDOWED, DIVORGE MARRIED	CED (specify)	9/3/08	ast birthday)	If Under 1 Yr. Il Under 24 Hrs Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINES	S OR INDUSTRY		in country)	12. CITIZEN OF
	e during most of working life, even if retired)		W. Va.	,	WHAT COUNTRY?
	lousewife				USA
3.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	_	
	ELMER FORSYT	H	PAISY	L/ENK#	NS
5. 1	Was Deceased Ever in U. S. Armed Forces? 16. SOCI	AL	17. INFORMANT		ADDRESS
	No Non	JRITY NO.	Vernon Dorsett,	831 S. 50tl	h St. Dundalk, Md.
	18./23.01	CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	10			ONSET AND DEATH
	LEADING TO DEATH	(A) Ca	neinoma of metasta hest + p	the ova	us luso.
	(This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	mante o	. 7	
	injury or complication which coused death.)		of the state of	en Tour	
	ANTECEDENT CAUSES	DUE TO	acas - j-		
	DISEASES OR CONDITIONS, if ony, giving				
	rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	(C)		· · · · · · · · · · · · · · · · · · ·	0 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	11				
N O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
ATI	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			_	
RTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH O	PERATION	20 A. AUTOPSY? (Yes or No)	20 8. IF YES, WERE P	INDINGS CONSIDERED
			yes	y	ks
Ü	21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE CONTRIBUTING CAUSE OF home, (arm,	OF INJURY (e.g., i foctory, street, o	in or about 21 C. WHERE DID	(I( in Baltifatre	City, give exact location)
CAL					
_		O C CURRED	21F. HOW DID INJU	IRY OCCUR?	
٤	OF INJURY (APPROX.) While At	Not Whi			
				67	1/13 11/2
	22. I certify that (I) (this hospital) attended the decea				1/19 1967
	that (I) (we) lost sow the deceased alive on			t in (my) (our) opir	nion death accurred on the do
	and hour and from the couses stated above. (1) (We) (d	dld) ( <del>did not</del> ) v	view the body ofter death.		
	23A. SIGNATURE				23B. DATE SIGNED
	trancisco Baltara	M.D. Att.	ending Med. Director	Stoff Phy s.	1/19/67
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
	FORMER IN IS A BALTA? 16	0 /PM.D.	1111001 21	2110 \$	11-01-+1
	BURIAL CREMATION, 1248. DATE 124C, NAME of C	EMETERY OF CR	EMATORY 124D 10	CATION IC:	HUSDIAC CHICAGO ON COLOR OF THE PARTY OF THE
24A				TOUR TOUR	
24A	REMOVAL (Specify)				y, to thi, or about,
	Burial 1/23/67 Meadowri	dge Mem.	Park	Dors	sey, Maryland
	Burial 1/23/67 Meadowri	dge Mem.	Park 25C. FUNERAL DIRECTOR		sey, Maryland
	Burial 1/23/67 Meadowri	dge Mem.	Park 25C. FUNERAL DIRECTOR		Ave. Dundalk, Md.
200	DURIAL CREMATION, 1248, DATE 124C, NAME of C	ENTERERY OF CR	EMAIURY 124D, LC	CATION '(Cit	ty town or county) (State



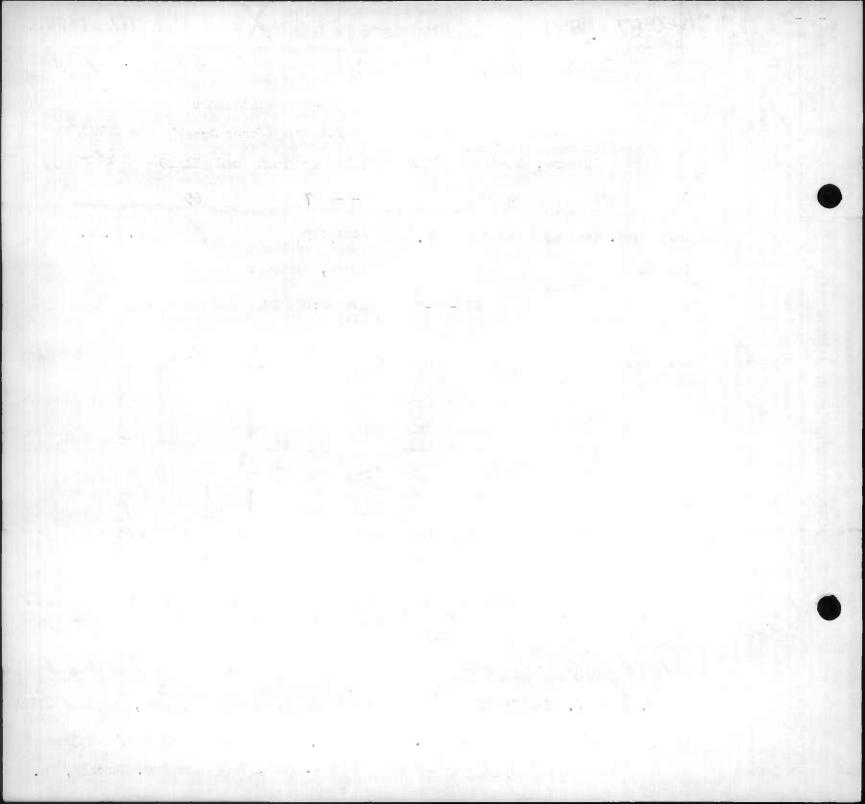
RAITIMORE CITY HEALTH DEPARTMENT

1, N	E CASE NO.	ASEP 1	1	11			2. DATE ANI	D HOUR OF DEATH	
(Тур	pe or Print)	Cla	de	(alas	CLYDE GL	ASS)	1-	19-67	171
3. F	PLACE OF DEA	TH IN BALTIN	AORE, MARYLA	AND		4. USUAL R	B. COUN	e deceased lived. If i	nstitution: residence before o
-	FULL NAME OF HOSPITAL OR INSTITUTION		n hospital or in or location)	nstitution, g	ive street	Maryla c. city or		altimore	RURAL and give township)
ď		Balt	imore C	ity Ho	spitals	Balti	imore (Jo	ones Creek)	RURAL
	31		Easter			D. STREET A	DDRESS (If r	urol, give location)	
			imore,				Bay Front		
	Male	6. RACE White		Marri		8-8-18	397	ost birthdoy)	If Under 1 Yr. If Under Months Doys Hours
	ne during most of w			, KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLA	CE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
Н	lighway D	ept. Re	tired	Balti	more Co.	Kentuc			U. S. A.
13.	FATHER'S NAM	E			520	14. MOTHER	S MAIDEN NAM	AE	
	Melvin	1				Brose	, Gertrud	8	
	Was Deceased s,no or unknown!				1 6. SOCIAL SECURITY NO.	17. INFORMA	NT		ADDRESS
	No	-			278-05-0093	REC ORDS	S:BCH 494	O Eastern A	venue 21224
	18.06 (	) X I		-	CAUSE	OF DEATH			INTERVAL BETW
			ITION DIRECT	TLY		Dinh	260 1	6/1/hes	ONSET AND DE
		LEADING TO			(A)	Maple	KS /70	e111745	10 rep
	(This does no heart failure, o	sthenio, etc.	II means the	disease,	DUE TO				
	injury or camp	dicalian which							
				oth.)	484				
		NTECEDENT	CAUSES		(8)	060000000000000000000000000000000000000		3 8 8 8 8 8 8 8 7 4 4 1 5 6 6 8 1 1 4 8 6 6 6 6 1 1 6 6 6 6 1 1 1 1 1 1 1 1 1	
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EDICAL CERTIFIC	DISEASES OF ITSE IN THE UNDERLYING  OTHER SIGNIF TO THE DE DISEASE OR CONTRIBUTED TO THE DE DISEASE OR CONTRIBUTED TO THE DEATH (notify)  21 A. ACCIDEN OR CONTRIBUTED TO THE DEATH (notify)  21 D. TIME OF INJURY (APPROX.)  22. 1 certify that (1) (we) ond hour and 23A. SIGNATURED TO THE DISEASE OF THE DISEA	R CONDITION  R CONDITION  Gbove co CONDITION  IIICANT CONE ATH BUT I CONDITION C  OPERATION  T WAS UND  TING CAU medicol exomi  (Month) (Do  that-(+) (this lost saw the from the co	CAUSES  ONS, if ony, use (A) slo N last.  DITIONS CON' NOT RELATED CAUSING IT.  198. CONDITI- WAS PERFOR!  ERLYING SE OF inel inel inel inel inest of the deceased a uses stoted	TRIBUTING TO THE  ON FOR WMED  21B. beneded the live on	PLACE OF INJURY (e.g., form, foctory, street, INJURY OCCURRED At Word	in or obout 21 C office bldg. INJ 21 F. hile 19 view the bad ttending 123 D. ADDRESS	OPSY? (Yes or No) YES  . WHERE DID URY OCCUR?  HOW DID INJU  2 1	208. IF YES, WERE IN CERTIFING CAYES  (If in Boltimot  URY OCCUR?  9 6 7 to 6 op	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact location)  19  19  19  10  10  10  10  10  10  10
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MEDICAL CERTIFIC	DISEASES OF ITSE IN THE UNDERLYING  OTHER SIGNIF TO THE DE DISEASE OR CONTRIBUTED TO THE DE DISEASE OR CONTRIBUTED TO THE DEATH (notify)  21 A. ACCIDEN OR CONTRIBUTED TO THE DEATH (notify)  21 D. TIME OF INJURY (APPROX.)  22. 1 certify that (1) (we) ond hour and 23A. SIGNATURED TO THE DISEASE OF THE DISEA	NTECEDENT R CONDITION above co CONDITION III ICANT CONTA ATH BUT ICONDITION CO OPERATION T WAS UND TING CAU: medical exami (Month) (Do that-(t) (this from the co tell III ICANT CAU: medical exami (Month) (Do that-(t) (this pre) David Attion, 246.	CAUSES  ONS, if ony, use (A) slo N last.  DITIONS CON' NOT RELATED CAUSING IT.  19B. CONDITI WAS PERFORM  ERLYING SE OF inerl inerl in hospital) at a deceosed a uses stoted	TRIBUTING TO THE ON FOR W MED  21B. home etc.l Whill Work  Attended th live on obove. (1)	PLACE OF INJURY (e.g., form, foctory, street, INJURY OCCURRED At Word	in or obout 21 C office bldg., INJ 21 F. iile 19 19 19 19 19 19 19 19 19 19 19 19 19	OPSY? (Yes or No) YES  WHERE DID URY OCCUR?  HOW DID INJU  2 1  7 ond the y ofter death.  Med. Director  24D. LC	208. IF YES, WERE IN CERTIFING CAYES  (If in Boltimot  URY OCCUR?  9	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact location)  19  19  19  10  10  10  10  10  10  10

JAN 2 3 1967

258, NAME OF REGISTRAN John Duda 7922 Wise Ave. Dundalk, Md.

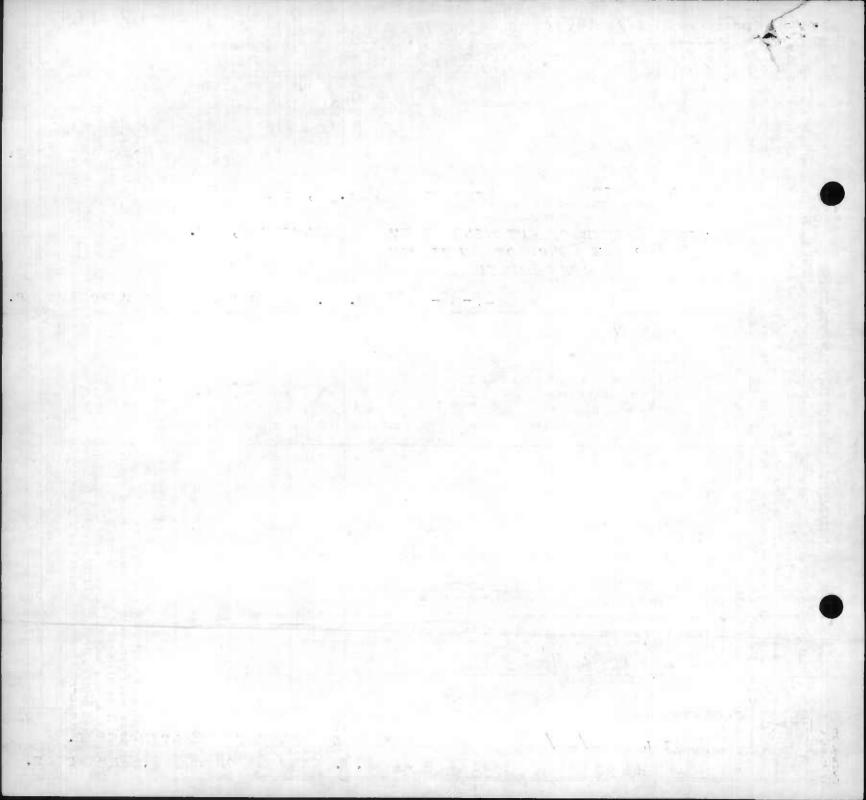
VS 150-REV. 1/1/65



approved

hospital

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH of death Deceased Such M.E. CASE NO. LNAME OF DECEASED 2. DATE AND HOUR OF DEATH uo 4. USUAL RESIDENCE (Where deceosed lived, II institution; residence before death. B. COUNTY ance A. STATE (4) Undetermined cause; (5) contributing cause FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) CITY OR TOWN (If outside city limits, write RURAL and give_township) attend prior HOMEWOOD regular mad 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years 9. AGE 111. If Under 24 Hrs. If Under 1 Yr. Months: Doys deceased WIDOWED, DIVORCED (specify) Hours WHITE FEMALE 6,189 WIDOWED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF isposition = done during most of working life, even if retired) WHAT COUNTRY? JUVENILE BALTIMORE, MASTER COURT RETIRED OS the 13. FATHERS HAME SUPREME 14. MOTHER'S MAIDEN NAME BENCH OF BALTIMORE 3 THERESA MC DAWSON 0 death O 15. Was Deceased Ever in U. S. Armed Forces? 1 6. SOCIAL 15. Was Deceased Ever in U. 3 Annea Torces. (Yes, no or unknown) (If yes, give wor or dates of service) 5ECURITY NO. 6-46-2384 final attendance WM. L. SANFORD 1669 NORTHBOURNE any CAUSE OF DEATH pronounced OL INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ofo embalmed LEADING TO DEATH Pulmonary EdemA A fracture (This does not meon the made of dying, 9 heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) regul 20hes ANTECEDENT CAUSES who DISEASES OR CONDITIONS, if ony, giving 10) Apterioscierotic CardioVASCULAR (3) rise to the above cause (A) stating the = physician UNDERLYING CONDITION last. remains ISEASE Was medical (2) Body burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) the 20B. IF YES, WERE FINDINGS CONSIDERED 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (except where (If in Boltimore City, give exact location) to the hospital °Z MEDICAL DEATH (notify medical examiner) any nature; obtained 21 F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 9 OF INJURY While At Not While I (APPROX.) and Work At Work 1-14 1967 to 22. I certify that (1) (this hospital) attended the deceased fram 1 - 15 1967 1-15 19 6 7 and that in (my) (our) opinion death occurred an the date that (1) (we) lost sow the deceased alive on...... An accident of hospital death) the body was released shows: (1) An accident and haur and from the couses stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending Stoff P Med. 0 Phys. Director approval 0 23 C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type) was D.O.A. 24A. BURIAL CREMATION, CEMETERY OF CREMATORY eceased REMOVAL (Specify) CATHE DRAL CEMETERY
25C. FUNERAL DIRECTOR BALTIMORE MD. ADDRESS H. W. ME ARG SON 805 P VS 150-REV. 1/1/65 -



a hospital and

BIRT	TH NO. 67 0658			TE OF DEATH	Registered Na	67 0658
	E. CASE NO.		CLKTITICA		HOUR OF DEATH	
	pe or Print) Shaull H	erber	+ 1.			671 5.15
F	PLACE OF DEATH IN BALTIMORE, MAI Sinai Hospital FULL NAME OF (If not in hospital of oddress or location of oddress or location)	or institution,	Baltimore	4. USUAL RESIDENCE (Where A. STATE B. COUNTY		
11	NSTITUTION			Baltimor D. STREET ADDRESS (If run	e), give location)	URAL ond give township)
de	7.20			<del>                                     </del>	mont 1	Ave,
5. S	MW	WIDOWE	D. DIVORCED (specify)	2/21/96 108	AGE (In years t birthdoy)	If Under 1 Yr. If Under 2 Months Doys Hours A
	USUAL OCCUPATION (Give kind of work eduring most of working life, even if retired)	10B, KIND O	F BUSINESS OR INDUSTRY		,	12. CITIZEN OF WHAT COUNTRY?
13.	Guard FATHER'S NAME	Depar	rtment Store	Kearneysville,		
	Jeseph Y. Sha	ull			May Watson	
15.1	Was Deceased Ever in U. S. Armed Fore	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes	No No	s of service)	215-09-3544	Hosp. Rec.		
	18. / 7.7 X I		CAUSE O	F DEATH		ONSET AND DEAT
	DISEASE OR CONDITION DIR	ECILY	Pont	1. Brouchopue		2 0/0 110
	hearl failure, asthenia, etc. It means injury or complication which coused				/ .	
		deoth.) any, giving	(B) He M	norragic dia 7		3 mo
ATION	injury or complication which coused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if or one of the obove cause (A) UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IT OF THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IT	deoth.)  Thy, giving stating the ONTRIBUTING TO THE	(B) //e 10 DUE TO (C) //cc/	cinoma of Pr	os tate	Cu Know i
U	Injury or complication which coused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if or	deolh.)  any, giving stating the ONTRIBUTIN TO THE TO THE TO THE TO THE TO THE TENT ON THE	(B) //e 10 DUE TO (C) //cc/	[20A. AUTOPSY? (Yes or No)]	os tate	Cu Knows
L CERTIFIC	injury or complication which coused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if or tise to the obove cause (A) UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS COUNTY TO THE DEATH BUT NOT RELATIONS OF CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONI	deolh.)  any, giving stating the ONTRIBUTIN TED TO THE TED TED TO THE TED TED TED TED TED TED TED T	G  B  CC)  CC)  CC  CC  CC  CC  CC  CC  C	[20A. AUTOPSY? (Yes or No)]	20B. IF YES, WERE F	Cu Knows
DICAL CERTIFIC	Injury or complication which coused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if or one is to the obove cause (A) UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CAUSEASE OR CONDITION CAUSING IT  19A. DATE OF OPERATION 19B. CONV WAS PERF  OR CONTRIBUTING CAUSE OF	deolh.)  any, giving staling the ONTRIBUTIN TED TO THE.  DITION FOR ORMED  (Hour) 21E	G  G  B  CC)  CC)  CC)  G  G  BE  WHICH OPERATION  C. PLACE OF INJURY (e.g., in ne, form, foctory, street, of the control of t	20A, AUTOPSY? (Yes or No)  n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	208, IF YES, WERE FIN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?  City, give exact location)
MEDICAL CERTIFIC	Injury or complication which coused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT  19A. DATE OF OPERATION 19B. CONN WAS PERF OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this haspital that (I) (we) last saw the decease and haur and fram the causes stat 23A. SIGNATURE	deolh.)  any, giving stating the ONTRIBUTIN TED TO TH. DITON FOR ORMED  (Hour) 21E WW. W.	G  G  G  CC)  G  G  BE  WHICH OPERATION  A. PLACE OF INJURY (e.g., in ne, form, foctory, street, of ne)  INJURY OCCURRED  All Work  The deceased from the deceased from the deceased from the new the	20A. AUTOPSY? (Yes or No)  n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJUR  25 74 19  19 6 7 and that view the bady after death.	20B. IF YES, WERE FIN CERTIFYING CAL  (If in Boltimore  Y OCCUR?	Un Knowy  INDINGS CONSIDERED USES OF DEATH?
MEDICAL CERTIFIC	Injury or complication which coused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if the couse of the obove cause (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS COUNTY TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IN 19A. DATE OF OPERATION OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this haspital that (I) (we) last saw the decease and haur and from the causes stat 23A. SIGNATURE	deolh.)  any, giving stating the ONTRIBUTIN TED TO TH. DITON FOR ORMED  (Hour) 21E WW. W.	G  G  IE  WHICH OPERATION  I. PLACE OF INJURY (e.g., in ne, form, foctory, street, of ne, form)  I. INJURY OCCURRED in the deceased from  I. I. (We) (did) (did not) v  M.D. Atternation Attached to the new control of th	20A, AUTOPSY? (Yes or No)  n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJUR  21F. HOW DID INJUR  21F. HOW DID INJUR  21F. HOW DID INJUR  And A Stephan	20B. IF YES, WERE FIN CERTIFYING CAL  (If in Boltimore  Y OCCUR?  66 ta Jak  in (my) (aur) apin	INDINGS CONSIDERED USES OF DEATH?  City, give exact location)

JAN 2 3 1967 VS 150-REV. 1/1/65

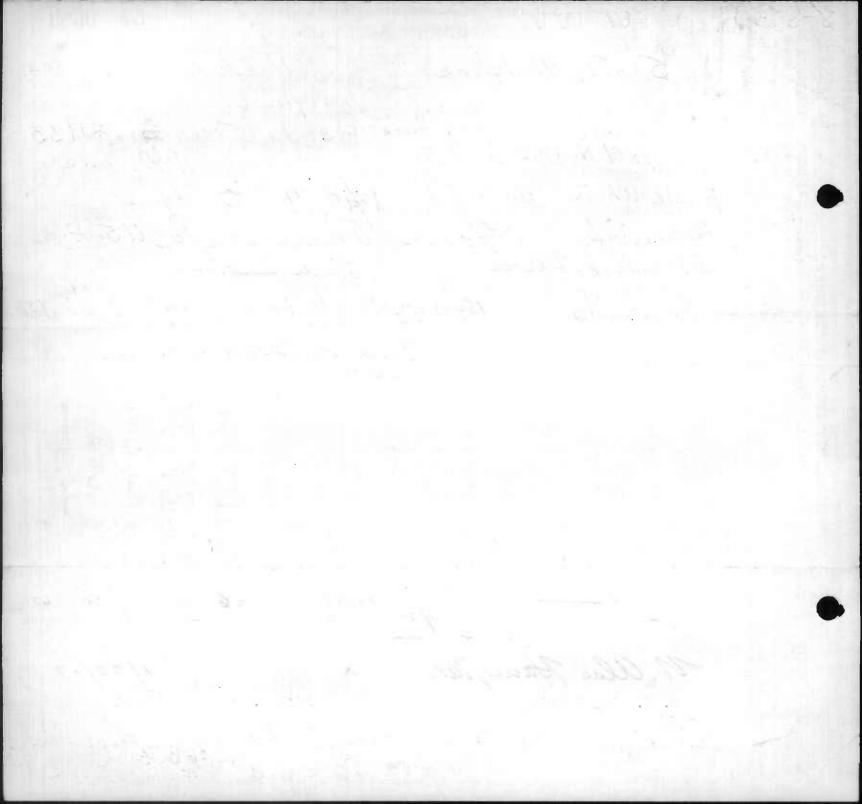
250 FUNERAL DIRECTOR ADDRESS AVE.

Total Control of the Control of the

and restain part 11th and 15th and 15th

the bady was released to the hospital by a medical examiner. Also, if the direct ar contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician who pranounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance and the deceased prior to death. Such written apprayal must be obtained before the remains are embalmed ar final disposition is made. This certificate must be approved by the chief medical examiner ar his assistant if death accurred in a haspital and FUNERAL DIRECTOR: IMPORTANT

	67 0050	BALTIMORE CITY HEALTH DEPARTMENT	67 0659
	BIRTH NO.	CERTIFICATE OF DEATH Registered Na	07 0000
	M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUS OF DEATH	
	(Type or Print) San To, Mad	eline 1/20/67	1/130 pm.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If ins	stitution: residence before admission)
	FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)	ion, give street  C. CITY OR TOWN (If outside city limits, wite R	IPAL and give township)
	INSTITUTION DUKEland No	unsing Home andallstown	A 21133
	90 1501 N. Duka	D. STREET ADDRESS (If rurol, give locotion)	In
	70 17 7. 0 11.	Jong of 37/7 Springdell	menue
	Female White Wild	RIED, NEVER MARRIED  SWED, DIVORCED (specify)  ADWE O  B. DATE OF BIRTH  9. AGE (In years lost on the property of the property	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KINI done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY 11. (8) THALL CO (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Heusewefe	Home Ohladuphia la	U.S. H.
	Dennintal Verre	14. MOTHER'S MAIDEN NAME	
	15. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL 17. INFORMANT	ADDRESS /
3	(Yes, no or onknown) (If yes, give war or dotes of servi	SECURITY NO.	e Rellate 15T.
	18.422	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
,	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	De marie Cara	//
	(This does not meen the mode of dying,		J. ONIC.
	heort foilure, osthenio, etc. It meons the dise injury or complication which coused death.)	ose,	
,	ANTECEDENT CAUSES	(B)	
5	DISEASES OR CONDITIONS, if ony, gi rise to the obove couse (A) stoting UNDERLYING CONDITION tost.		
	TI		
	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE	
	DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION [20A. AUTOPSY? (Yes or No)] 20B. IF YES, WERE F	INDINGS CONSIDERED
	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	IN CERTIFYING CAL	JSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in or obaut 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	City, give exact location)
3	Q 21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	(APPROX)	While At Not While At Work	
3	22. I certify that (I) (this hospital) attend	/ /	
	that (I) (we) last saw the deceased alive		nian deeth occurred an the date
2	23A. SIGNATURE	re. (1) (We) (did) (did not) view the bady after death.	23B, DATE SIGNED
	M. alay Han	M.D. Attending Med. Director Phys.	1/20/67
3	23 C. PHYSICIAN'S NAME (Type)	23D. ADDRESS Dukeland Nursing	
7	Dr. N. Alan Harris	M.D. 1501 N. Dukeland	
3	REMOVAL (Specify)	IC. NAME OF CEMETERY OF CREMATORY 24D, OCATION (C)	y, town, or county) (State)
	Criminal Part 3/67	ME OF AGISTAR 255, FUNERAL DIRECTOR / 361-16	CARLOG - SC
	2411 5 2 13Ph 15 5	W. V. Startound Of Start II	was 1/1 / Vy John
		or all the second second	ual Horn



VS 150-REV. 171/65

		Y HEALTH DEPARTMENT
		ATE OF DEATH Registered No. 57 UbbU
1. N	AME OF DECEASED  OF OFFINATE  OF PHARRY  AAAA THOMAS	2. DATE AND HOUR, OF DEATH
F	LACE OF DEATH IN BALTIMORE, MARYLAND  ULL NAME DF (If not in hospitol or institution, give street   DSPITAL OR oddress or locotion)  NSTITUTION	4. USUAL RESIDENCE (Where deceosed lived. It institution: residence before admission A. STATE B. CDUNTY  C. CITY OR TOWN (If outside city limits, write RURAL and give township)
_	Union Memorial Hosp	D. STREET ADDRESS (If rurol, give locotion)  5807 Halwyn Ave,
5. \$	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	8. DATE OF BIRTH  9. AGE (in years lost birthdoy)  11-8-94  9. AGE (in years Months: Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR during most of working life, even if retired)	11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?  America
13. (	Edward Thomas	Mary Thomas
(Yes	Nas Deceosed Ever in U. S. Armed Forces?  no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO. 218-28-0966	17. INFORMANT ADDRESS HOSPITHL CHART
	18. 4 20. 1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	anna of Clame
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the abave couse (A) stoting the UNDERLYING CONDITION last.	yo Cardial tofanition. oney attenosclerois All
ATION	DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
_	21D. TIME (Month) (Doy) (Yeat) (Hour) 21E, INJURY OCCURRED While At Not White At Work At Work	
	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an ond hour and from the couses stated above. (I) (We) (did) (did not)	19 47 to 20 19 67  19 7 and that in(my) (our) opinion death accurred on the doview the body after death.
		thending Med. Stoff Phys. Director Phys. D
	23C. PHYSICIAM'S  "DR (Type) UDITH GARDNER  M.D	23D. ADDRESS THE UNION MEMORIAL HOSPITAL
	BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY of C	t Church Cem Sparks, Maryland  25C. FUNERAL DIRECTOR  Lugenia K. Seitz 5209 York Road

(City, town, or county) Burial 1/24/1967 Jesson Methodist Church Cem Sparks, Ma
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR

JAN 2 3 1967 Could S. Spita Fuheral Home ADDRESS 5209 York Road Balto, Md. 21212 M when comed Edward Thomas CHARLES OF STREET

25C. FUNERAL DIRECTOR

ADDRES

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.

Wds

VS 150-REV-1/1/65

M.E. CASE NO. I. NAME OF DECEASED Registered No.

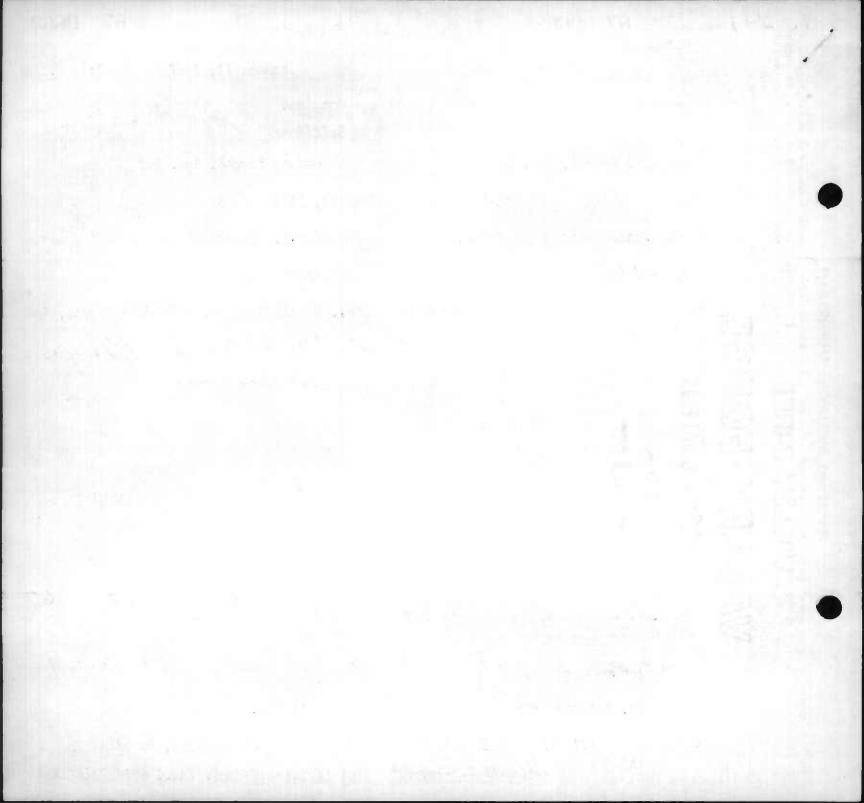
2. DATE AND HOUR OF DEATH

142171 Catend St

IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



## FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

In on account	BALTIMORE CITY	HEALTH DEPARTMENT		67 0663
MITH NO. 67 0663	CERTIFICAT	TE OF DEATH	Registered No	07 0003
NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
	ROLL		6 PM 1/17	/67 M.
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When A. STATE B. COUN		stitution: residence before admission)
FULL NAME OF (If not in hospital or institution, grant HOSPITAL OR oddress or location)  INSTITUTION	re street	MARYLAND C. CITY OR TOWN (If our	HARFORD ( tside city limits, write R	URAL and give township)
UNIVERSITY HOSPITAL		7 BERDEEN		62-28
BALTIMORE MARYLAND		D. STREET ADDRESS (IF	rurol, give location)  WAV	
Female CAUCASIAN WIDOWED	DIVORCED (specify)	10/13/98	9. AGE (In years lost birthdoy)  68	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF Ellone during most of working life, even if retired)		11. BIRTHPLACE (State or forei	ign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE HOM	e	MASSACHUS	SETTS	USA.
3. FATHERS NAME	1	MASSACHUS	ME	
CHARLES S STANLEY		nula B	600111010	
S. Was Deceased Ever in U. S. Armed Forces?	6. SOCIAL	17. INFORMANT	GROVER	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	011 A 0		
NO		Charles A. C	arroll, A	berdeen, Md.
1B. 163×1	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		. /	/	1/1
LEADING TO DEATH (This does not meen the mode of dying, e.g.,	(A) Care	inoma of	lung	1,5 hrs
hearl failure, asthenia, etc. 11 means the disease,	DOE 10	0		
injury or complication which caused death.)				
ANTECEDENT CAUSES	(B)		*******************************	
DISEASES OR CONDITIONS, if ony, giving				
rise Ia lhe obove couse (A) slating the UNDERLYING CONDITION last.	(C)			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ONDERENING CONDITION (US).				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OF CONDITION CAUSING IT.	HICH OPERATION	20A. AUTOPSÝ? (Yes or No	20B. IF YES. WERE F	INDINGS CONSIDERED
WAS PERFORMED		20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	ISES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. P	LACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF home, etc.)	lorm, foctory, street, offi	ce bldg., INJURY OCCUR?		
0				
U OF INJURY	NJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX.) While				
22. I certify that (I) (this hospital) attended the	deceased from	Jan 2	1967 to Ja	m17 1967.
that (I) (we) lost saw the deceased alive on	Jan 17	1	ot in(my) (out) only	ion death occurred on the date
			, , , , , , , , , , , , , , , , , , ,	non decin decond on the date
ond hour and from the couses stated above (I) 23A, SIGNATURE	(we) (did) (did not) VI	ew the body offer death.		23B, DATE SIGNED
230. SIGNATURE	M.D. Atten	nding Med.	Stoll .	4 44
sidney W. Gresenga	Phy s.	Director 🗀	Phys.	1/17/67
23C. PHYSICIAN'S NAME (Type)	2:	3D. ADDRESS		
SIGNEN W. TIESENGA	M.D.	UNIVERSITY.	HOSPITAL	BALT, Md.
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	ME OF CEMETERY OF CREA	MATORY 24D. L	OCATION (Cit	y, town, or county) (State)
Removal 20 Jan.67		D-	ading Midd	Alegen Ware
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR		dlesex Mass.
JAN 2 3 1967 R. P. S.	2 stool MA	LIA S	Lar. Tug 1	uneral Home
	C. Marian. L.	TURNU GOCE	seelen M. A	berdeen, Md.
/S 150-REV. 1/1/65				

Walter TV ADTON OF THE PARTY OF BUTCHERS WHEN YORKS 474 Runcars Way F. CHICKEN MINISTERS 2 20 20/21/24 Harry wife. MRESHERW SECTOR CHARLES S STANKLEY HARR IS GREVER Allegation of the second 508 Burney of lung

They W Freezenger Signary W Trestill GR

Chamberling Hancon Chatching

IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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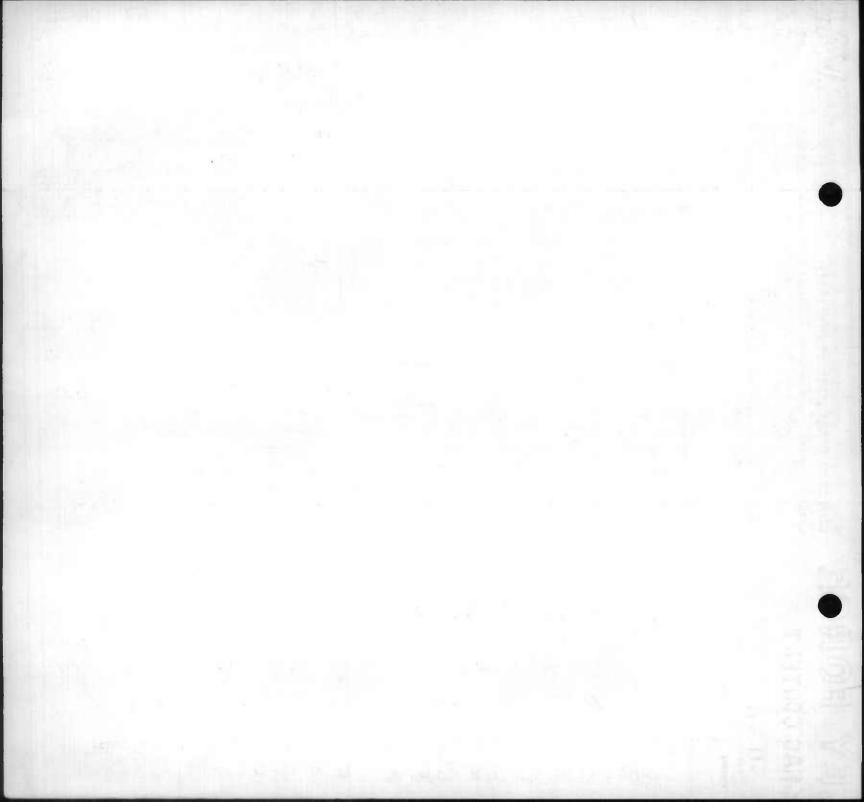
W-325

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. MEDICAL EXAMINER'S CE	ERTIFICATE OF DEATH Registered No. 7 066.5
M.E. CASE NO.	2, DATE AND HOUR PRONOUNCED DEAD
1. NAME OF DECEASED (Type or Print)  LITT TAM  LITT TAM	
WILLIAM H. WAT	KINS January 18, 1967 1:50 P M.  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
	Maryland B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corparate limits, write RURAL and give lownship)
Νοπτυπον	Baltimore 16-06
940 Poplar Grove Street	D. STREET ADDRESS (If rurol, give locotion)
00	940 Poplar Grove Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH 9. AGE (In years last birthday) If Under 1 Yr. If Under 24 His. Manths, Oays, Hauis, Min.
Male Negro married	3/5/82 84
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. WRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Laborer Chemical Plant	Ma. U.S.H.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL	Mary 5
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na or unknown) Uf yes, give war or dotes af service)  16. SOCIAL SECURITY NO.	11. INTORMANI
218-09-2891	Kelen Wathin 940 Poplar Trove ST.
1B. A CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO GEATH Arter	riosclerotic Cardiovascular Disease.
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	Iosererotte Gardiovaseurar Briscape.
ANTECEDENT · CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	
WAS PERFORMED	20A. AUTOPSY? (Yes at Na) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
₹ 21A. EXTERNAL CAUSE WAS       21B, PLACE OF INJURY (e.g., in the property of the pr	in ar obout 21C, WHERE DID (If in Boltimore City, give exoct location)  (ffice bldg., INJURY OCCUR?
21D TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.)  WHILE AT NOT WORK AT W	WHILE
22.	
	opsy ond that on this basis, death in my opinion
resulted from: Notural couses X Accident Suicide	
ACTUAL SIGNATURE Charles / Willy M.D.	ASSISTANT MEDICAL EXAMINER X  1/19/67
EXAMINER'S Charles S. Petty	ASSOCIATE MEDICAL EXAMINER
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY o	r CREMATORY 23D. LOCATION (City, town, at county) (State)
Burnal 1/22/67 Carver Mer 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	PK. Jaurel, md.
JAN 23 1967, Robert E. Farlowna	Um. l. Chatmanh-170177 Callody
VS 151-REV. 1/1/65	Balo. m.b.

married 3/1/22 Ladouer Chimid Blad seed. Jan. Wathind Friend? Pourse 1/22/67 Career man, PH James Co. 2011 Com Elitaberach 192199

12.0/620	BALTIMORE CITY I	HEALTH DEPARTMENT		67 0000
BIRTH NO. 67-649200666	CERTIFICAT	TE OF DEATH	Registered No.	07 0000
T. NAME OF DECEASED  (Type or Print)  3. PLACE OF DEATH IN BACTIMORE, MARYLAND  FULL NAME OF (If not in hospital or institution, oddress or location)	give street	- JAN/19/	1	3 40 PM M.
Johns Hopkins.	Haspelal	BALTIMORE	rol, give locotion)	8-03
	D, DIVORCED (specify)	tan 18 1967 "	1 Llay	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME  15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown)((1) yes, give wor or dotes of service)		4. MOTHER'S MAJDEN NAM Catherine 7. INFORMANT	. 0	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the made of dying, e.g., heart lailure, asthenia, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the	(B) CEN.	DEATH SENITAL HEARI PLANIETY TRAL NERVOUS EPRESSION	- Diseksé System	INTERVAL BETWEEN ONSET AND DEATH  DAY
UNDERLYING CONDITION Iost.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR TWO IN THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION FOR TWO IN THE DISEASE OR CONDITION FOR TWO IN THE DISEASE OR CONDITIONS OR CONDITIONS OR CONTRIBUTIONS OR CONTRIBUTION FOR TWO IN THE CONTRIBUTIONS OR CONTRIBUTION	WHICH OPERATION  -PLACE OF INJURY (e.g., in ne, form, foctory, street, offi	or obout 21 C. WHERE DID	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?  City, give exact location)
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E	he deceased from	1	67 10 fax	on death occurred on the date
ond haur and from the causes stoted obave. (  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  H. SWICK	M.D. Atten Phys.	ding Med. Sirector Director Dollars	okins Ho	238. DATE SIGNED FR. 19, 1967 SPITAL
24A. BURIAL CREMATION,   24B. DATE   24C.N.   REMOVAL (Specify)	TOMME OF CEMETERY OF CREATER  TOMME HOP	cins Hosp Ba 25C. FUNERAL DIRECTOR	ltimore, M	



67	0667		BALTIMORE CITY HEA	LTH DEPARTMENT		67 0667
BIRTH NO.	MED	ICAL EX	AMINER'S C	ERTIFICATE C	F DEATH Regist	ered Na
M.E. CASE NO.			A STATE OF THE STA			
1. NAME OF DE	CEASED				E AND HOUR PRONOUNG	
	MARTHA		BRYANT		nuary 18, 1967	
3. PLACE IN BAL	TIMORE, MARYLAND, V	VHERE PRONOL	JNCED DEAD	A. STATE	B. CO	stitution: residence before odmission) UNTY
FULL NAME OF	(IF NOT IN HOSPI	AL OR INSTITU	JHON, GIVE STREET	Marylar		te_RURAL and give township)
HOSPITAL OR	ADDRESS OR LOC	ATION)				TE TO KAL ON O GIVE TOWN Ship
00000				Baltimo		100
) 021.16	W. North Ave	enue			. North Avenue	
5. SEX	6. RACE	7 AA ADDIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	
		WIDO WED, I	DIVORCED (specify)		last birthdoy	Months Doys Hours Min.
Female	Negro	Wi	dowed	2-8-90	76	12 (1775) 05
	working life, even if retired)		BOZINEZZ OK INDOZIK	Y 11. BIRTHPLACE (Sfate or	foreign country?	12. CITIZEN OF WHAT COUNTRY?
10 PATHEME MA	AAP			Va.	NAAAP	U. S.A.
13. FATHER'S NA	WIE .			14. MOTHER'S MAIDEN	AMAGE	
15 WAS DECEAS	ED EVER IN U.S. ARME	D FORCES?	16, SOCIAL	17. INFORMANT		ADDRESS
	n) (If yes, give wor or do		SECURITY NO.		7. 004/ 1/	
				Alice Batt	Te 2/10 M	. North Ave.
UNDERLY	HE ABOVE CAUSE (A) : ING CONDITION LAST.		(C)			
O THE	GNIFICANT CONDITIONS DEATH BUT NOT R OR CONDITION CAUSIN	ELATED TO T				
19A. OATE O	F OPERATION 19B. CO	NDITION FOR Y	WHICH OPERATION	20A. AUTOPSY? (Yes o	No) 208. IF YES, WERE FIN CERTIFYING CAL	
UNDERLYING	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	21 B, home etc.)	PLACE OF INJURY (e.g., , form, foctory, street,	office bldg., INJURY OCCU	OID (If in Boltimore City, R?	give exoct locotion)
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Ye	V	WHILE AT NOT	WHILE WORK	INJURY OCCUR?	
22. I ce	rtify that I held on			otopsy and that a	on this basis, death in	my apinian
resu	Ited fram: Natural co	ouses X A	Accident Sulci	de HamicIde	Undetermined man	ner _
	. 01	, (	1		L EXAMINER	DATE SIGNED
SIGNA		acules &	1 delle M. I	ASSISTANT MEDICA	L EXAMINER X	
EXAMI	NER'S Chamle	es S. Pe	/)	ASSOCIATE MEDICA		1/19/67
23A. BURIAL CR REMOVAL (Speci		23	C. NAME OF CEMETERY	or CREMATORY 2	30. LOCATION (Cit	y, town, or county) (State)
Burial	1-23-	67	Mt. Aubi	ırn Cem.	Baltimore	, Maryland
	D BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DIRE		ADDRESS
	AN 2 3 1967 (	R. Best &	2. Farlagea	George G	. Kelson 13	48 N. Calhoun S
140 202 0014 2/2	14.0					

Such

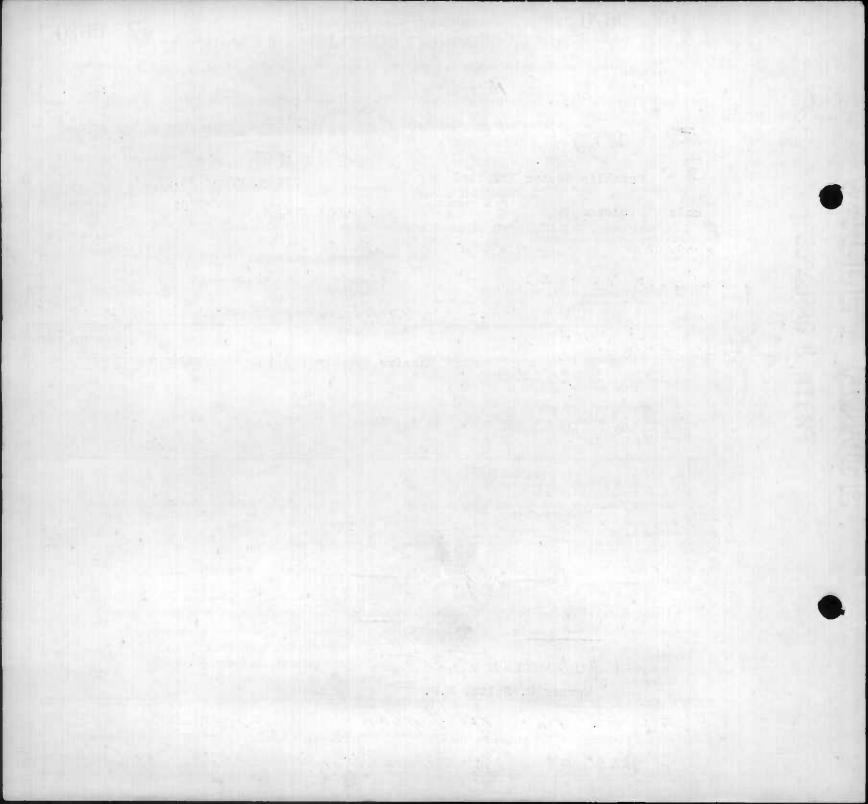
	0000	BALTIMORE CITY	HEALTH DEPARTMENT		C7 0000
	н но. 07 9668	CERTIFICA	TE OF DEATH	Registered Na	07 0000
1. N	AME OF DECEASED		2. DATE AND	HOUR OF DEATH	11/40 0
3, 9	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WHere	deceased lived. If inst	litution; residence before admission)
-	TULL NAME OF (If not in haspital ar institution,	give streel	A. STATE B. COUNT  MARY LANG  C. CITY OR TOWN (If outs	1.	JRAL and rive township
人	NOOLN MEMORIAL NURS	ng Homb	BALTIMORE	ural, give lacation)	15-01
1	3ALTIMORE, Md. 212	23.	1502 Moun	tmour C	<del>/</del>
5. \$	MALE NEGRO WIDOWE	NEVER MARRIED DIVORCED (specify)	2/25/1981	AGE (In years ast birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	. USUAL OCCUPATION (Give kind of work) 10B. KIND Of a during most of working life, even if retired)	F BUŚINESS OR INDUSTRY	11. SIRTHPLACE (State or loreig	n country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	\E	
	Deb Davis		Mary DA	Pew	
15. \	Was Deceased Ever in U. S. Armed Forces? ,,na ar unknown  (11 yes, give war ar dates al service)	1 6. SOCIAL	17. INFORMANT		ADDRESS
,,,,,	, no of bliklowin in yes, give wor of dules of services	220-30-0837	Eleks Divis	1505 Mean	to a
	1B. // 20 / 1	CAUSE O	F DEATH	100071700	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		9	-	ONSET AND DEATH
	LEADING TO DEATH	(A) C	-okiNAKY 1 k	20m 30515	
	(This does not mean the made of dying, e.g. heart failure, asthenia, etc. It means the disease			$\gamma$	10.000
	injury or complication which coused death.)		IFNE LAWSED	KIELIOSEL	10515
	ANTECEDENT CAUSES	(B)	- WELAMILY Y	INTERIOSEL	
	DISEASES OR CONDITIONS, il ony, giving				
	rise to the obave couse (A) stating the UNDERLYING CONDITION lost.	(C)	######################################		
	, II			)	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE		(		7
AT	DISEASE OR CONDITION CAUSING IT.	784100	ATION VY	EnmokiTIS	
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
CER	2TA. ACCIDENT WAS UNDERLYING 21	B. PLACE OF INITIDY IS A	n or about 21 C. WHERE DID	(If in Rollimon	City, give exact lacation)
AL	OR CONTRIBUTING CAUSE OF ho DEATH (notify medical examinet)	me, form, foctory, street, o	ffice bldg., INJURY OCCUR?	pointitote	Siry, give exoci locononi
MEDIC		E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
A		hile Al Not Whi			
	W	ark		. / /	10 /2
	22. I certify that (I) (this hospital) attended	1 10	111	966 10 1	19 Li.J
	that (I) (we) last saw the deceased alive an.			t in (my) (our) aplni	ian death accurred on the date
	and have and from the causes stated above.	(1) (We) (did) (did nat)	view the bady ofter death.		
	23A. SIGNATURE	5.			23B. DATE SIGNED
-	I Show hard	m / M.D. Att	ending Med. Director	Stoff Phy s.	1/19/67
	23C. PHYSICIAN'S NAME (Type) HOLANS SEND	AliNE M.D.	930. ADDRESS	ok 14	Beth ml
24A	BURIAL CREMATION, 24B. DATE 24C.	AME of CEMETERY OF CR	EMATORY 24D. LO	CATION (City	, town, or county) (State)
-	REMOVAL (Specify) 1-22-67 1	1.00/ 1.	11-	don't a	1
25A	DATE REC'D BY HEALTH DEPT. 258, NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	agood, N.	ORTH CARONINA
		E. Farlowas	Just H Vo	13 JAN	Cellun St
VS	150-REV. 1/1/65	311	1 10 10 1999	1-10M.	r-Mar 41
			V		

Coursey released Ужения Монетония Distriction of Commercial 27/2/1 House Francisco Commenter

	67	0669		BALTIMORE CITY HEAL	TH DEPARTMEN	IT		67	0669
BIRT	H NO.	ME	DICAL EX	XAMINER'S CI	ERTIFICA1	TE OF D	EATH Register	red Na	0000
M.E	CASE NO.								10
1. h (Typ	NAME OF DEC					2. DATE AND	HOUR PRONOUNCE	D DEAD	
			MORE GRE				y 20, 1967	1	10:00 A.M.
3. P	LACE IN BALT	IMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	A. STATE		eceased lived. If insti B. COU	NTY	ce befare admissian)
HO	L NAME OF	(IF NOT IN HOS	PITAL OR INSTIT	UTION, GIVE STREET	C. CITY OR TOV		carparate limits, write	RURAL and	give township)
3	5					Baltimor		16	
9	Chur	ch Home Hos	spital	(DOA)	D. STREET ADDE		give location) rlem Avenue		
5. S	EX	6. RACE	7. MARRIED	, NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	Н	9. AGE (In years lost birthday)		Yr. If Under 24 Hrs.
	Male	Negro	MA	F BUSINESS OR INDUSTRY	MAT. 10,	1919 State or foreign	48	12. CITIZEN	
done		working lite, even if retire		None	Kent Fol	and East	Tern Shore, M		COUNTRY?
	D.	Lmore 1	Green	Sr.	Be	VLAL	Dini	V	
(Yes	, no ar unknown	D EVER IN U.S. ARN of (If yes, give wor or o	dates of service)	16. SO CIAL SECURITY NO.	17. INFORMANT		1	ADDRESS	
1	Ves	WW	16	213-18-4782	FL	12ebe	The Some		same
	1B. 410	0.01	7	CAUSE	OF DEATH				TERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY						
	heart toilure,	LEADING TO DEA not mean the made asthenia, etc. It me mplication which caus	of dying, e.g.,	DHE TO	ioscleroti	c heart	disease		
		OR CONDITIONS, 1		(B)		•••••	************		
	RISE TO TH	E ABOVE CAUSE (A	STATING THE	505 10					
Z	ONDENATI	TO GOTTE TOTAL		(C)					
CERTIFICATION		II							
CA		NIFICANT CONDITIO							
TIF		R CONDITION CAUS		William Open mon	Loga AllTORevi	6 /V N 10	AAA IR VAC MIERE EIN	I DINICE CON	CIDERED
CEF	19A. DATE OF		PERFORMED	WHICH OPERATION	20A, AUTOPSY		N CERTIFYING CAUS		
	21 A. EXTERNA	L CAUSE WAS	218	PLACE OF INJURY (e.g.,	in at about 21C. W		Yes f in Baltimare City, giv	ve exact locati	ion)
O	UNDERLYING	OR CONTRIB-	ham etc.)	e, farm, foctory, street, c	office bldg., INJURY	OCCUR?	, g.		
	21 D TIME OF INJURY	(Manth) (Day) (	Year) (Haur)	21E. INJURY OCCURRED	21 F. H C	OM DID INTUI	RY OCCUR?		
	(APPROX.)		m.	WHILE AT NOT	WHILE ORK				
	22.	tify that I held an	Inquiry	Inspection Aut	apsy X and	that an this	basis, death in m	v aninian	
		ted fram: Natural		Accident Sulcid			ndetermined manne		
	10301	/3/	t Cooses	Accident _ Soicid		EDICAL EXA		" [ ]	
	ACTUAL		e J. 25	A-	ASSISTANT M			1	DATE SIGNED
	SIGNAT		3	M.D.	ASSOCIATE M				
22 A	EXAMIN NAME (	Type) Charle		ingate, M.D.			_ J.		20, 1967
REA	MOVAL (Specify	y) 236 DATE	2	0 . 1		230. 10	) 1.1	tawn, or cour	S. A.
10	BURIAL	1-23	-67	101011	AT. 6	. 1-	sorta.		rnel-
244	. DATE REC'D	BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR		ADE	DRESS
	6	JAN 23 196	7 Palen	6 E. Fallowna	Ehro	y 0.	Walton,	00, Bro	they Are.
VS	151-REV. 1/1/	65	2	2 ( 41	0	10 0			

656. Married Mar 10, 1919 47 hong steemen now Hant Bland, laternishen Phil : + Ditnue Hours So Beachab from Yes NW II prayona Elizabeth Don-Burne 1-23-67 Balds WAT C. Palta. Elmy O. Water under The

III. NAM	OF DECEASED				2. DATE AND HOUR PRONOUN	CED DEAD
(Type ar	rint)	Thom	as N. Carter		1/20/6	
3. PLACE	IN BALTIMORE, M	ARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESID	DENCE (Where deceased lived. If in	stitutian: residence before odmissian)
FULL NA HOSPITA INSTITUT	OR ADDR	OT IN HOSPITAL OI	INSTITUTION, GIVE STREET	C. CITY OR TO	aryland WN (If autside carparate limits, wr	rite RURAL and give township)
2	6				imore PRESS (If rurol, give lacation)	17-01
	Frank	lin Square	Hospital		328 N. Mount St.	
s. sex ma	6. RACE	WID	ARRIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRT	lost hirthday = c	Months Doys Haurs Min.
done durin	most of working life,		KIND OF BUSINESS OR INDUST	BALTO	MD	12. CITIZEN OF WHAT COUNTRY?
2	SINAME SIKE (	CARTER		14. MOTHER'S N	Y. SONNSON	
	unknawn) (If yes, gi	U.S. ARMED FOR ve war or dotes of		17. INFORMANT	TA L. SENDOSON S	ADDRESS LIOUNINGBROOK AT
NOIL:	ANTECEDE  EASES OR CONE  TO THE ABOVE  DERLYING CONE  HER SIGNIFICANT	the mode of dyin etc. If means the which coused deoth.  INT CAUSES DITIONS, IF ANY, (CAUSE (A) STATIN DITION LAST.  II CONDITIONS CONSULT NOT RELATED	GIVING (B)		eous intracerebra	
	EASE OR CONDIT	ON CAUSING IT.	N FOR WHICH OPERATION		Y? (Yes ar No) 208, IF YES, WERE IN CERTIFYING CA YES	
CERTIFI 19A.	/			yes		
AEDICAL CERTIFI	EXTERNAL CAUSE RLYING OR CON CAUSE OF DE	WAS TRIB- ATH.	home, form, factory, street,	, in or obout 21C. office bldg., INJUR	WHERE DID (If in Baltimare City, Y OCCUR?	give exact lacation)
CAL CERTIFI	EXTERNAL CAUSE RIVING OR CON: CAUSE OF DE	WAS TRIB- ATH.	laur) 21E. INJURY OCCURRET	, in or obout 21C. office bldg., INJUR	WHERE DID (If in Baltimare City,	give exact lacation)



chief medical

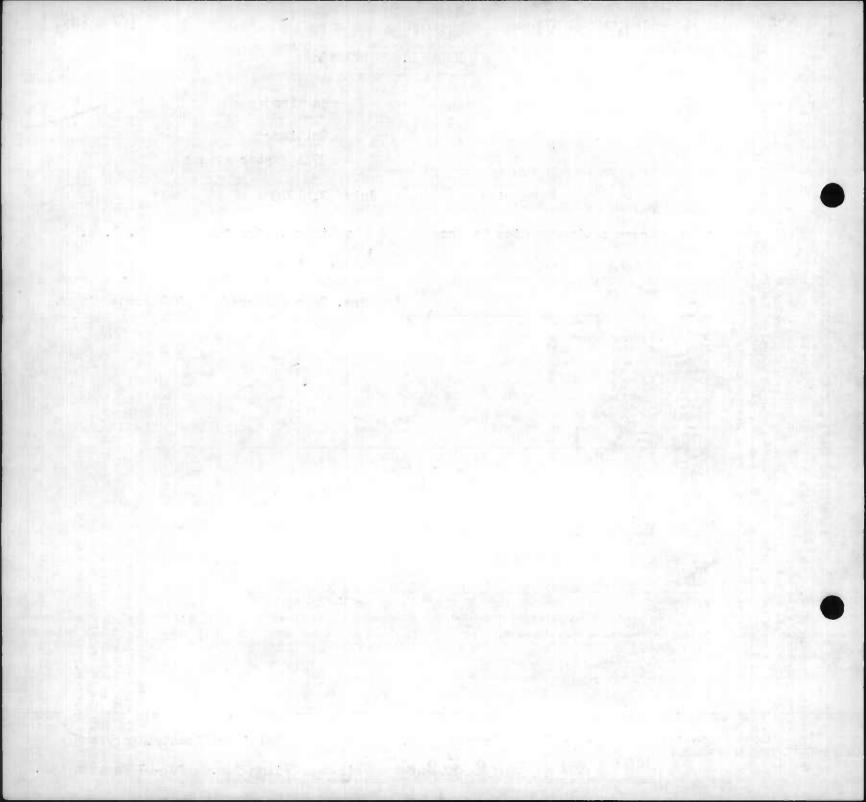
the

approved

VS 150-REV. 1/1/65

occurred

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH spital and of death Deceased the Such M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH HOLTGREFE JOHN (Type or Print) uo. AI M. death. 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) ance B. COUNTY contributing cause stermined cause; (5) Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or lacation) C. CITY OR TOWN (If autside city limits, write RURAL and give township) attend INSTITUTION Baltimore
D. STREET ADDRESS (If rural, give location prior 3711 Foster Avenue (4) Undetermined is made. regular 9. AGE (In years lost birthday) 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. deceased WIDOWED, DIVORCED (specify) Hours July 27, 1910 Married 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? dane during most of working life, even if retired) = Rice Bakers Baltimore, Maryland U. S. A. Sales Representative MOS the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Holtgrefe Ddna Smith 0 death 15. Was Deceased Ever in U. S. Armad Forces? 17. INFORMANT 1 6. SOCIAL ADDRESS final (Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO. attendance 3711 Foster Avenue Mrs. Emma Holtgrefe No duy CAUSE OF DEATH pronounced 10 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (This daes not meon the mode of dying, e.g., DUE TO regular heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.) ANTECEDENT CAUSES Who DISEASES OR CONDITIONS, if any, giving 3 O rise to the above cause (A) stating the 5 physician UNDERLYING CONDITION last. remains burns; MOS BRIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED physician DISEASE OR CONDITION CAUSING IT. the (2) Body 20A. AUTOPSY? (Yes of No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION DE IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the before 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? where (If in Baltimore City, give exact location) the hospital ŝ DEATH (natify medical examiner) any nature; MEDIC/ obtained 21 D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not White (APPROX.) and At Work Wark 22. I certify that (1) (this hospital) attended the deceased/from death); that (1) (we) last saw the deceased alive an and that in (my) (our) opinion death occurred an the date ot hospital and hour and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. must An accident 23A. SIGNATURE 23B. DATE SIGNED M.D. Attending Phys. Med. Staff 10 Director approval O 23 C.PHYSICIAN'S 23D. ADDRESS prior ŧ SD M NAME TYPE was D.O.A. 24A. BURIAL CREMATION, eceased 24B. DATE 240. LOCATION 24C. NAME of CEMETERY OF CREMATORS (City, town, ar county) REMOVAL (Specify) shows: 1-24-1967 Sacred Heart Baltimore County, Maryland JAN 2 3 196 25C. FUNERAL DIRECTOR ō Lilly & Zeiler Inc. 1901-07 Eastern Ave.



FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

( T) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	BALTIMORE CITY	HEALTH DEPARTMENT	1	0000
ыкти но. 67 0672	CERTIFICA	TE OF DEATH	Registered No.	b/ Ub/2
M.E CASE NO.			HOUR OF DEATH	
1. NAME OF DECEASED	MARGARET	1 -21		1:40 P
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where		stitution: residence before admission
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location) INSTITUTION	ion, give street		de city limits, write I	RURAL and give township)
40 ST. AGNES HOS	PITAL	D. STREET ADDRESS FORE	212: stire Place	28 33-00
FRMAIF 6. RACE 7. MAR	RIED, NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr It Under 24 Hrs
WHITE WIDE	DOWED, DIVORCED (specify)		st birthdoy)	If Under 1 Yr. It Under 24 Hrs Months Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working tife, even if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign Maryland	n cauntry)	12. CITIZEN OF WHAT COUNTRY?  USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	00.1
Ferdinand Moyer		Katherine		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.	ST. AGNES EME		EBACTOS:21229 DOM RECORDS -
18. / 9 9 19	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	G	. > +	0	ONSET AND DEATH
LEADING TO DEATH	(A) Car	unonia Rectu	m and D	NEOST 1 year
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc	e.g., DUE TO	- Listopia	•	0
injury or complication which caused death.)	ware	1 the ta starts		
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if ony, gi				
rise to the obove couse (A) stoting UNDERLYING CONDITION lost.	the (C)			
ONDERETING CONDITION 1851.				
OTHER SIGNIFICANT CONDITIONS CONTRIBI	JTING THE			
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, or etc.)	n or obout 21C. WHERE DID	(If in Boltimore	e City, give exact location)
21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX.)	White At Not While Work At Work			
22 1 27 1 28 (11 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 01	67 10	1-21- 19 67
22. I certify that (1) (this haspital) attend	1 2 1	······································	5.4	
that (1) (we) lost sow the deceased alive			in(m/y) (our) opi	nion deoth occurred an the da
and haur and from the causes stated abo	/e.X(X(We)(did))X(X(X)) √	riew the body after death.		
23A. SIGNATURE				23B. DATE SIGNED
Tobert 13. 00 1chai	Volous M.D. Atte	s. Med. S	toff hy s.	1/21/67
ROBERT B. MCFADDEN		23D. ADDRESS 3350 WILKENS A	VE BA	LTO., MD. 21229
	IC. NAME of CEMETERY OF CR			ity, tawn, or county) (State)
Burial 1-24-67	Lorraine Park (	Cem. Ba	ltimore, M	d.
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
VS 150-REV. 1/1/65	Gentli E / Victorian Mill	0.0.		
49 190-MET: 1/1/09				

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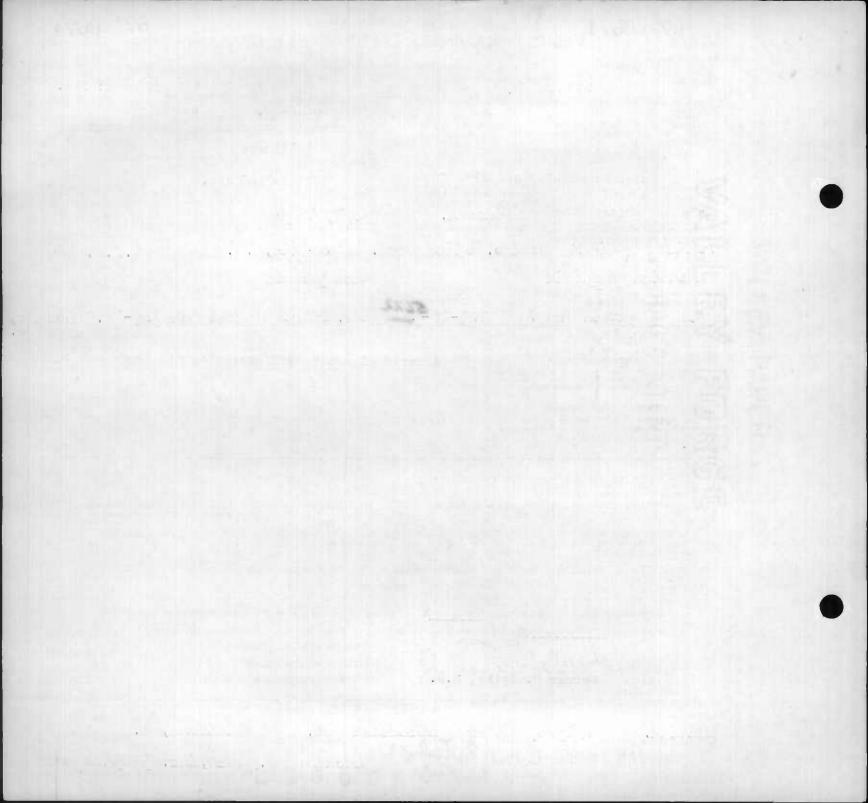
FUNERAL DIRECTOR: IMPORTANT
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the body was released to the hospital by a medical examiner. Also, it the direct of contributing cause of dearn shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

-	7 000	0000	BALT	IMORE CITY I	HEALTH DEPARTMENT		OP		
ST.	ITH NO.	0673	CER	TIFICA1	E OF DEATH	Registered No.	67_	0673	
۱,۱	L CASE NO.	ASED			2. DATE	AND HOUR OF DEATH			
(Ty	(pe or Print)	OLLINGER	. CHARLES	GEORG	E 1-2	1-67	3	:05 AM M.	
3.	PLACE OF DEAT	H IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WA. STATE 8. COL	here deceased lived. If in JNTY ALTO.	stitution: residence	before admission)	
	FULL NAME OF HOSPITAL OR	address or lacation	ar institution, give street n)			autside city limits, write	RURAL and give t	lawnship)	
	INSTITUTION	ST AGNE	S HOSPITAL		BALTIMORE		/	-00	
	,/ 4		& CATON AVES			(If rural, give lacation)			
	40	WILLIAM .	0 0		4413 ALAN I	DRIVE APT.	В		
	MALE	SAUCE ION	7. MARRIED, NEVER MA		02 <b>-</b> 05 <b>-</b> 98	9. AGE (In years last birthday) 68	If Under 1 Yr. Manths Days	If Under 24 Hrs. Haurs Min,	
			k 10B, KIND OF BUSINESS	OR INDUSTRY 1	1. BIRTHPLACE (State or fe	areign cauntry)	12. CITIZEN OF	IINTDV2	
Į		RETIRED	GAS & ELECT		MARYLAND	AMF	USA		
	LEWIS E	KOLLINGE			ANNA SCHAR		C'D)		
1.5, (Y	Nas Deceosed es, no or unknawn)	Ever in U.S. Armed Fa (If yes, give war or dat	es of service) 16. SOCIAL SECURI	т ио. Ма	7. INFORMANT rs. Mildred Ko 2 ST. AGNES	llinger-4413 RECORDS: C	Alan Dr.	AVES.	
-	18/1 20	. / 1	Sun I Sun	CAUSE OF		Made on the or	INTERV	AL BETWEEN	
	DISEASE OF CONDITION DIRECTLY								
	LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  DUE TO  DUE TO								
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease,									
	injury or camplication which caused death.)  ANTECEDENT CAUSES  (8) GEN. ARTERIOSCLEROSIS YEARS								
	A	NTECEDENT CAUSE	S	DUE TO	HRTER	IOSCIFKOS	13	EHRS	
		R CONDITIONS, if					l l		
		abave cause (A) CONDITION last.	slaling the	(C)					
		П		D	ISSECTION	02221111	-		
NO	OTHER SIGNIE	CANT CONDITIONS	CONTRIBUTING	_		HISDOMINI		2	
ATIO	DISEASE OR	ATH BUT NOT REL		ic AN	EURYSH			1	
PRTIFIC		WAS PE	NDITION FOR WHICH OPE	RATION	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	No) 20B. IF YES WERE IN CERTIFYING CA	USES OF DEATH	DERED ?	
CED	21A. ACCIDEN	T WAS UNDERLYING	21B. PLACE OF	INJURY (e.g., in	ar obaut 21C. WHERE DID		E S e City, give exact	t lacation)	
CAL	OR CONTRIBU	MING CAUSE OF	No home, form, fac	tary, street, offi	ce bldg., INJURY OCCUR?	Name of the last o			
14	OF INTILLEY	(Manth) (Doy) (Year	(Hour) 21E, INJURY O	CURRED	21F. HOW DID I	NJURY OCCUR?			
X	(APPROX.)	Manager -	While At	Not. While At Work					
	22. I certify	that M) (this haspite	ol) ottended the deceose	d from JA	NUARY 14	19 67 to JAN	UARY 2	1 19 67	
	that X (we)	lost sow the deceas	ed olive on JANUA	RY 21	19 67 and				
			oted obove. XIX (We) (did					01.00 011 1110 001	
	23A. SIGNATUI		The obove. (P) (We) (dic	T (ald, uet) Al	ew the body offer deof	п•	23B, DATE SIGN	NED /	
	/	1971	1.	N.D. Atten	ding Med.	Stoff	, /	2//17	
	236 841461614		gro In	Phys.	20 4000000	Phys.	1/	21/6/	
	NAME (Ty	pe) (			BAL			. '	
		W E SIGN		M.D.		SP WILKENS	& CATON		
24	REMOVAL (S		24C. NAME of CEA	AETERY of CREA	MATORY 24D	LOCATION (C	ily, tawn, ar caun	ty) (State)	
	Burial	1-24-67	Meadow	ridge Cer	m.	Baltimore, M	d.		
25		BY HEALTH DEPT.	258, NAME OF REGISTRA	Part	25C. FUNERAL DIRECT	OR	A C	DDRESS	
	J	AN 23 1967	Robert E. ta	Men Pull	Vitzke F.D.	101 Edmond	son Ave.		
V	150-REV. 1/1/6	5							

THE NOTE OF CHARLES TO U DE CONTROL DE CON The latest the second of the second to the second of the s Burn to the state of the state

M. 264

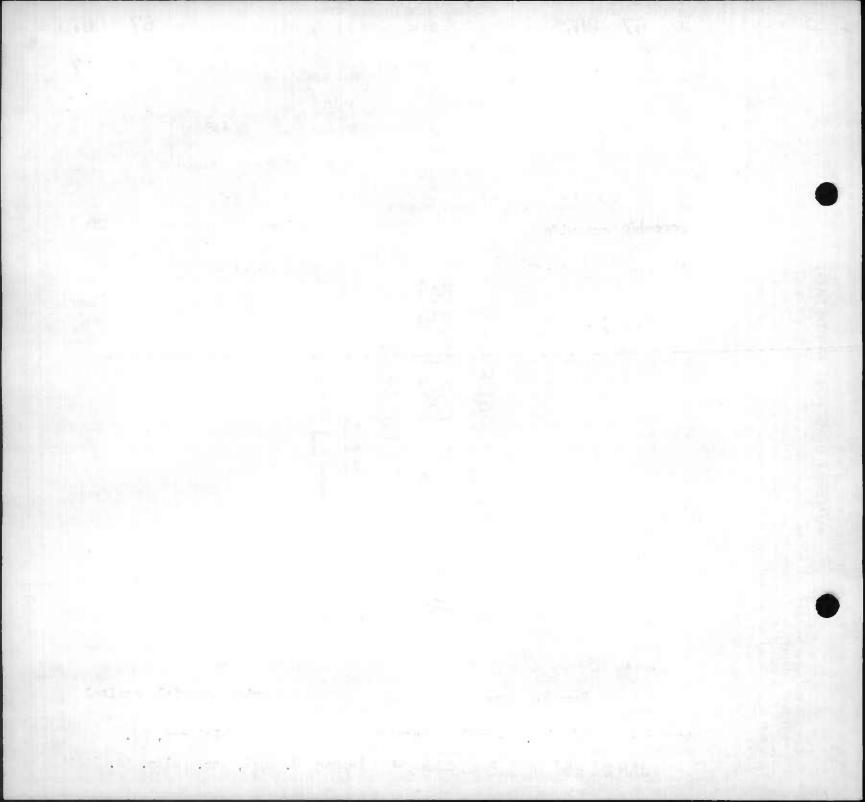
BIRT	67 TH NO.	0674	MEDI		BALTIMORE CITY HEA			DEATH Registe	67 ered No	0674
M.1	CASE NO.									
	NAME OF DE	CEASED					2. DATE AN	D HOUR PRONOUNC		
,	,0 01 7 111111	1	Eugene	Α.	McGrail			1/21	/67	7:35 p. _{M.}
3. F	LACE IN BAL	TIMORE, MARY	LAND, WI	IERE PRONOI	UNCED DEAD	4. USU A. STA	AL RESIDENCE (Where	B. COL	itution: residenc	e bofore odnission)
FUL	L NAME OF	(IE NOT I	N HOSPITA	I OR INSTIT	UTION, GIVE STREET		Maryland	1		
HO	SPITAL OR	ADDRESS	OR LOCA	TION)	SHOW, GIVE STREET	C. CITY	OR TOWN (If outsid	e corporato limits, write	RURAL ond	ivo township)
	/ /						Baltimo	ore	15-	0/
	44					D. STRI	ET ADDRESS (If rurol,	give location)		-
	/ U	nion Me	morial	Hospit	cal		3821 Rola	nd Ave.		
5. \$	EX	6. RACE		7. MARRIED, WIDO WED.	NEVER MARRIED DIVORCED (specify)	B. DATE	OF BIRTH	9. AGE (In years lost birthdoy) 70		r, If Under 24 Hrs.
r	nale	white		11/"	dower.	8	127/1896	//0		
					F BUSINESS OR INDUST	RY 11. BIRT		gn country)	12. CITIZEN	OF OUNTRY?
don	olice	working life, ever	o it retired)	Balto	. Police De	nt	Brook lin 1	V/ //	// C	A
13.1	ATHER'S NAM	AE OO		20000	· · · · · · · · · · · · · · · · · · ·	14. MO1	HER'S MAIDEN NAM	E	1 (1.)	·/-
	Patri	ck Mc	grail			An	ra Gormley			
	WAS DECEASE				16. SO CIAL	17. INFO			ADDRESS	
(Yos	11	(If yes, give	1 111	4	SECURITY NO-62	3 11	1.11	1 10	11 4 0 .1 ()	, , n,
	yes	Work	d War	/	213-20-94	- IIVI	9 11 11 0 0 000 0	Irexel Box	#184-R	t. 2 Phoenix,
	4	22,1			CAUS	E OF DE	ATH			ISET AND DEATH
	DISEA	SE OR COND	O DEATH	ECTLY	Antoni	00010	rotic cardio	avaccular di	92892	
	(This does	not moon the		dying, e.g.,	DUE TO	oscie	TOTIC Cardio	JVasculai di	.sease	•••••••
	heart failure	, asthenia, etc. mpfication which	th coused d	the discose,						
NO	DISEASES RISE TO TH	ANTECEDENT OR CONDITION LE ABOVE CAI NG CONDITION	ONS, IF AI	NY, GIVING	(B) DUE TO					
)Ţ		11								
O		NIFICANT CO DEATH BUT								
CERTIFICATION		R CONDITION								**********
E E	19A. DATE OF	OPERATION	WAS PERF		WHICH OPERATION	20 A.	AUTOPSY? (Yes or No)	IN CERTIFYING CAU		
} .	21 A FYTERNA	L CAUSE WA	5	018	DI ACE OF INITIRY	in an aba	no	III :- P III :- P:		
MEDICAL	UNDERLYING	OR CONTRIB		homo etc.)	PLACE OF INJURY (e.g., form, foctory, street,	office bld	JURY OCCUR?	of in Politimore City, gr	ve exoct locoli	on)
2	21D TIME OF INJURY	(Month) (D	loy) (Yeor)	(Hour) 2	21E. INJURY OCCURRED		21F. HOW DID INJU	JRY OCCUR?		
	(APPROX.)				WHILE AT NOT	WHILE				
	22.									
		tify that I he		r		utopsy	and that an th	is basis, death In r	ny apinian	
	resu	Ited fram: No	atural cau	ses X	Accident Suici	de	Hamicide	Undetermined mann	er	
-	4.67114	. 1,00	12.0	1 /	1-1-		HIEF MEDICAL EX		-	ATE SIGNED
	SIGNAT		me	ih-Z	~ ( M.	D. ASSIST	ANT MEDICAL EX	AMINER K		
	EXAMIN		erner	U. Spi	(z, M.D.)		IATE MEDICAL E		1/	22/67
	NAME (	Type)								
	BURIAL CRE		B. DATE	23	C. NAME OF CEMETERY	or CREMA	TORY 23 D. L	OCATION (City	, town, or count	(Stote)
	Runial		1/25/	67 /	Van Catha	dona!	Com	Raltimana	Md	
244	DATE REC'D	BY HEALTH	DEPT.	24B, NAME	OF REGISTION	240	FUNERAL DIRECTOR	Law Jilone	ADD	RESS
		JAN 23	1967	Robert	is E. Jankey M.	. /	conard J.	Ruck, inc	5305	Hartand Rd
Ve	151-REV. 1/1/				4700		Ortala, fo	, ruck, will	٠ ١٥٠٠/	Tory orea 1
A 2	IJIOKEV. 1/1/	03		1	Phy. 8 270. 14	1 7	0 1 1 5	2		V



## FUNERAL DIRECTOR: IMPORTANT

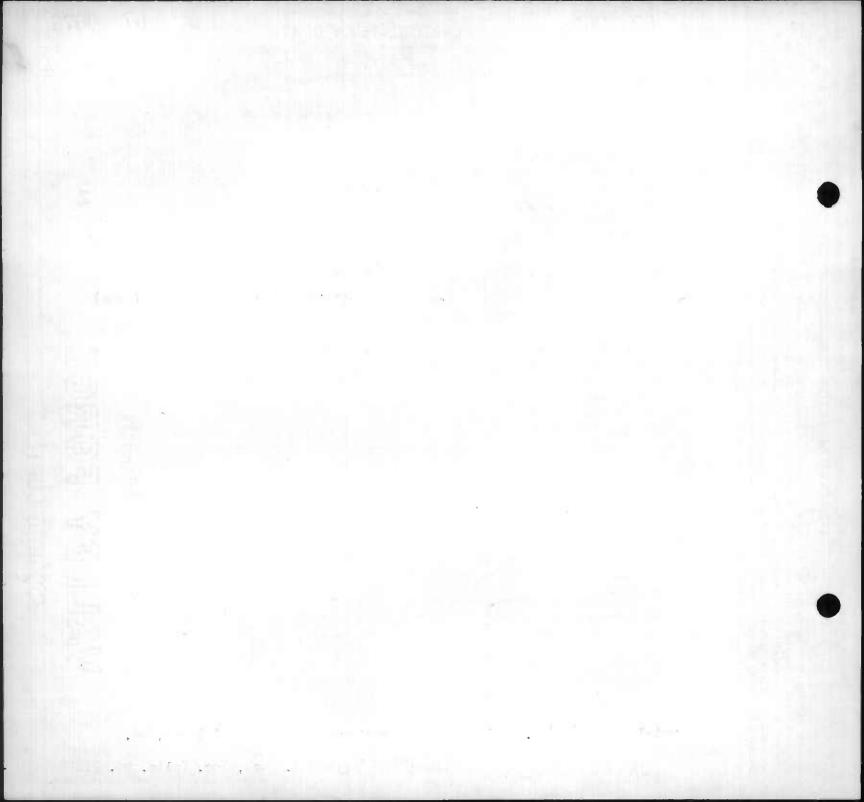
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

BIRTH NO. 67 0675		Y HEALTH DEPARTMENT	Registered No.	67 0675
BIRTH NO. O / UO / O M.E. CASE NO. 1, NAME OF DECEASED	CERTIFICA	TE OF DEATH	D HOUR OF DEATH	
(Type or Print) Edmonds Mary	garet Emma			20, 1967, M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	O	A. STATE B. COUN	e deceased lived. If instit TY	ution: residence before admission)
FULL NAME OF (II not in hospital or instituting HOSPITAL OR address or location)	on, give street	C. CITY OR TOWN filf out	side city limits, write RUF	(AL ond give township)
44		Bultimore D. STREET ADDRESS (1)	#18	
The Union Memorial	Hospital	3721 Rexme	0 1	
H White WIDO	WED, DIVORCED (specify)	11-28-78	88	If Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.
done during most of working life, even if retired)  Housewife	OF BUSINESS OR INDUSTRY	Maryland	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
William Shaeffer		Sophie So	chroder	12222
(Yes, no or unknown) (If yes, give wor or dates of servi	security NO.		tal E.I. I	(Same)
18.	CAUSE C	Dr. Charles	w. Camonas	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		115	- ( , )	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying,	e.q., DUE TO	ngestive heart	Tallune	0 W 4 C 0 C 7 P P P P P P P P P P P P P P P P P P
heart foilure, osthenio, etc. It means the dise injury or complication which coused death.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if ony, given is a lo the obave cause (A) stating UNDERLYING CONDITION last.	. *	344 946 9-49 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE			
	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS CONSIDERED ES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore C	City, give exact location)
	21E. INJURY OCCURRED  While At Work  Not Whi Work		URY OCCUR?	4.90
22. I certify that (I) (this hospital) ottende		1-03-6	967 10 01-	20 1965
that (1) (we) last saw the deceased alive			at in(my) (our) apinio	an death occurred on the dot
and haur and from the causes stoted obove	e. (1) (We) (dld) (did not)	view the body ofter death.	12:	3B, DATE SIGNED
Sang Won Son	And. At	tending Med. Director		Fan 20, 1967
23C. PHYSICIANS NAME (Type) Sang Won So		23D. ADDRESS	nion Memorial	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CR	REMATORY 24D. LC	OCATION (City,	town, or county) (State)
Entombment 1/24/67.	Forraine Mausole	eum	Baltimore,	Md.
	JE Talley MA	25C. FUNERAL DIRECTOR	k, Inc. Balt	o. Md. 21214
VS 150-REV. 1/1/65				

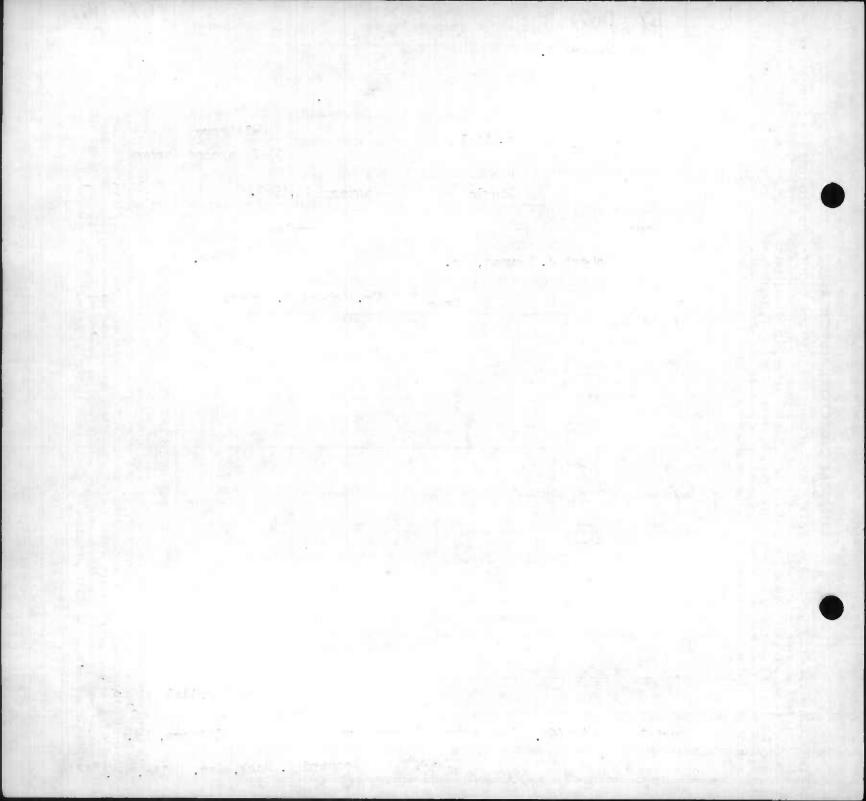


	if death occurrerect or contribut (4) Undetermined was in regular the deceased p
IMPORTAN	Also, if the diune of any kind; (onounced death
FUNERAL DIRECTOR: IMPORTANT	medical examiner burns; (3) A fraction who properties in regular
FUNE	proved by the chief the hospital by a r ny nature; (2) Body except where the I and (6) No physici
	This certificate must be approved by the chief medical examiner or his assistant if death occurrenthe body was released to the hospital by a medical examiner. Also, if the direct or contribut shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased p

2 3.01	BIRTH NO. 67-01393	BALTIMORE CITY HEALTH DEPARTMENT	Resident No. 67 0676
DED SE	BIRTH NO. D U6/6	CERTIFICATE OF DEATH	Registered Na. 07 Ub/b
death death ocease on the	1. NAME OF DECEASED (Type or Print) NEWBORN MALE	= LEGAT 1-	AND HOUR OF DEATH
in a hospital and agree cause of death cause; (5) Deceased attendance on the ior to death. Such	FULL NAME OF (If not in hospital or institution, give HOSPITAL OR oddress or location) INSTITUTION	A. STATE B. COL	
ed in a rating cause; a attender of prior to e.	42 SINAI HOSP.	D. STREET ADDRESS 2100	Elf rural, give lacation)  HARYLAND AVE
h occurred in contributing stermined cau regular att ceased prior n is made.	M	1-19-1967.	9. AGE (In years lost birthday)  If Under 1 Yr. If Under 24 Hrs. Hours Min.
if death or rect or con (4) Undetern was in re the decea	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BL done during most of working life, even if retired)  A EW BORN	ISINESS OR INDUSTRY 11. BIRTHPLACE (State of to	WHAT COUNTRY?
nt if death direct or c; (4) Undet h was in the dece	13. FATHERS NAME WILLIAM LEGAT	SUSANTRAU	
assistant if the di ny kind; id death ance on	15. Was Deceased Ever in U. S. Armed Forces? (Yes, na arunknown) (If yes, give war ar dotes of service)	SOCIAL SECURITY NO. William Leg	at (Same)
o, o, nce	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
er. ctur pron	(This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. It meons the disease, injury ar complication which caused death,)	DUE TO PREMATURIT	У
P P A P S	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving	DUE TO	
(3) (3) and 1	rise Ia Ihe obove cause (A) stating the UNDERLYING CONDITION last,	(C)	
F 0 3 4 E 5	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
od od sic	198. CONDITION FOR WHI	YES.	No. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
he control	OR CONTRIBUTING CAUSE OF home, etc.)	ACE OF INJURY (e.g., in or obout 21C. WHERE DID form, factory, street, affice bldg., INJURY OCCUR?	(If in Boltimore City, give exact location)
proved by the hospital iny nature; (except whe and (6) No obtained be	21D. TIME (Month) (Doy) (Year) (Hour) 21E, IN While Work	At Work 21F. HOW DID II	NJURY OCCUR?
0 0 0 0	22. I certify that (1) (this hospital) attended the that (1) (we) last sow the deceased alive on		19 6 7 to 19 67, that in (my) (our) apinion death occurred on the date
ust be a cased to dent of ospital death) must be	ond hour and from the couses stated obave. (1) (1		
d d d	Jone Che	M.D. Attending Med. Director	Stoff Phys. [ 17/9-67
This certificate m the body was rel shows: (1) An acc was D.O.A. at a deceased prior to	23C. PHYSICIAN'S NAME (Type) JOYCE CHO	M.D. 23D. ADDRESS SIMAI	Hos?
This certificat the body was shows: (1) An was D.O.A. ai deceased pric	REMOVAL (Specify) 1/21/67. Holy	Redeemer Cemetery 24D.	Baltimore, Md. (Stote)
This certhe bocs shows: was D. deceas	JAN 2 3 1967	Leonard J. R	dok, Inc. Balto. Md. 21214



CD OCT	BALTIMORE CITY	HEALTH DEPARTMENT		67 0677
BIRTH NO. 67-07180	CERTIFICA	TE OF DEATH	Registered Na	0, 0011
I. NAME OF DECEASED Robert J	owman	2. DATE AND	1-20-67	1125/11
FULL NAME OF HOSPITAL OR oddiges or location)		4. USUAL RESIDENCE (Where A. STATE B. COUNT Md.		27-44
37 MERCY Hospits	al	D. STREET ADDRESS (If re	altimore ural, give locotion) 2 Bayonne Ave	nue
S. SEX 6. RACE WIDOWED, D Single	IVORCED (specify)	January 15,1967	ost birthday)	f Under 1 Yr. If Under 24 Hrs Norths Days Hours Min.
IDA, USUAL OCCUPATION (Give kind of work 108, KIND OF BU done during most of working life, even if refired) None	SINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign Maryland		2. CITIZEN OF WHAT COUNTRY?
Robert J. Bowman,	Sr.	14, MOTHER'S MAIDEN NAM	Unk.	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)  16.	SOCIAL SECURITY NO. None	Mr. Robert J. Bo	owman	(Same)
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.	(A)	) ribdend	houstons)	ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHITE WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B, PLA		20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSE	S OF DEATH?
OR CONTRIBUTING CAUSE OF home, f		fice bidg., INJURY OCCUR?	(If in Boltimore C	ity, give exoct locotion)
21D. TIME (Month) (Doy) (Year) (Hour) 21E INJ OF INJURY White A Work	Not While At Work	21F. HOW DID INJU	RY OCCUR?	
22. I certify that (1) (this hospital) attended the dithat (1) (we) last saw the deceased alive an and haur and from the causes stated above. (1) (W	// Zo /e) (ds=2) (did nat) v	/	nt in (🚌) (aur) apinio	n death occurred an the day  8. DATE SIGNED  1. 20 - 6.7
24A. BURIAL CREMATION, 248. DATE 24C. NAME REMOVAL (Specify) 1/21/67 New Ca	IARTZ M.D.  of CEMETERY of CRE  thedral Cem	23D. ADDRESS Mer MATORY 24D. LO	cey Hospital CATION (City, Baltimore,	lown, or county) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF R  JAN 2 3 1967 C. C. S.	EONTRAD COMPAR	Leonard J. Ru		ADDRESS



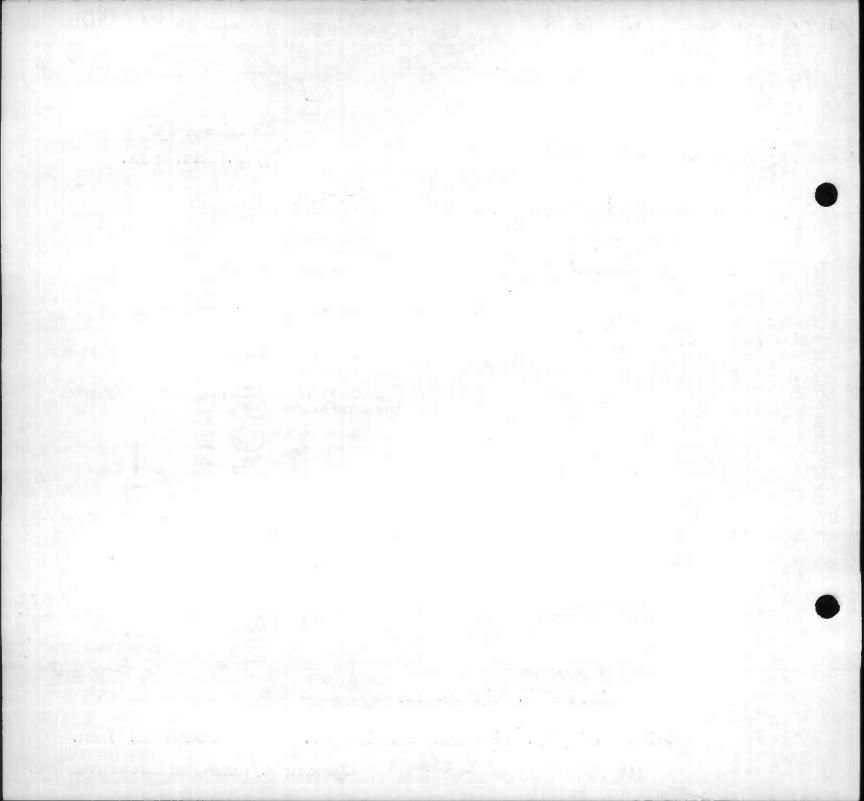
the body was released eceased shows: Was

BIRTH NO.

M.E. CASE NO.

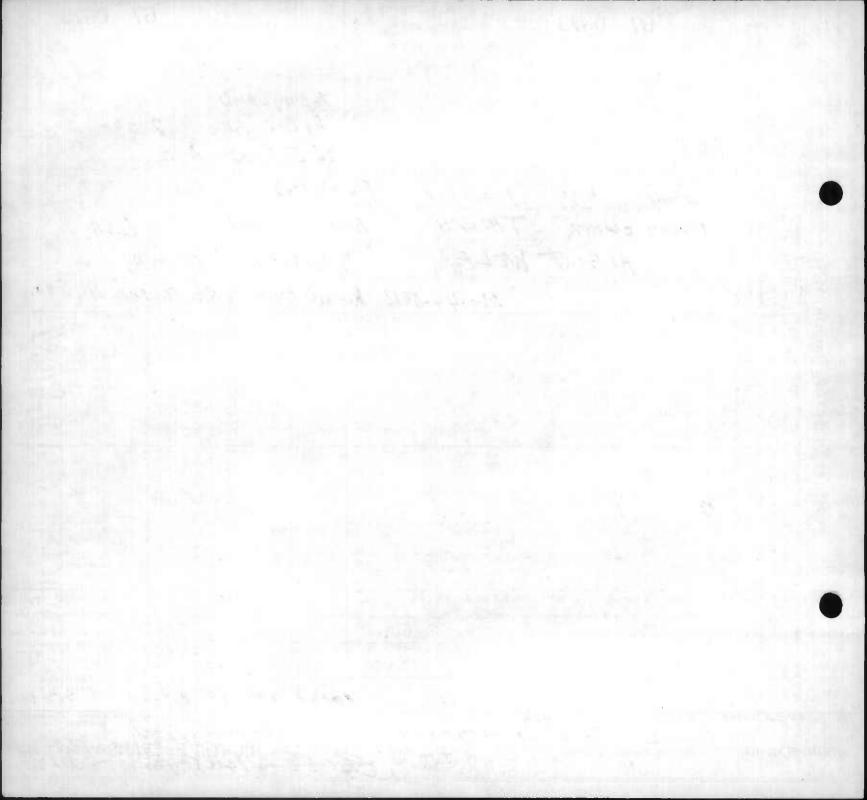
(Type or Print)

BALTIMORE CITY HEALTH DEPARTMENT Registered Na CERTIFICATE OF DEATH 1. NAME OF DECEASED 2, DATE AND HOUR OF DEATH uaru (If outside city limits, write RURAL and give township) Durham tf Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS trances H. Albright INTERVAL BETWEEN ONSET AND DEATH Chronic Obstructive Polmonar Emphysemen A.S.C.V.O. & Congestive TO HEAVOFAIJURE. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in(my) (aur) opinion death accurred on the date 23 B. DATE SIGNED 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65



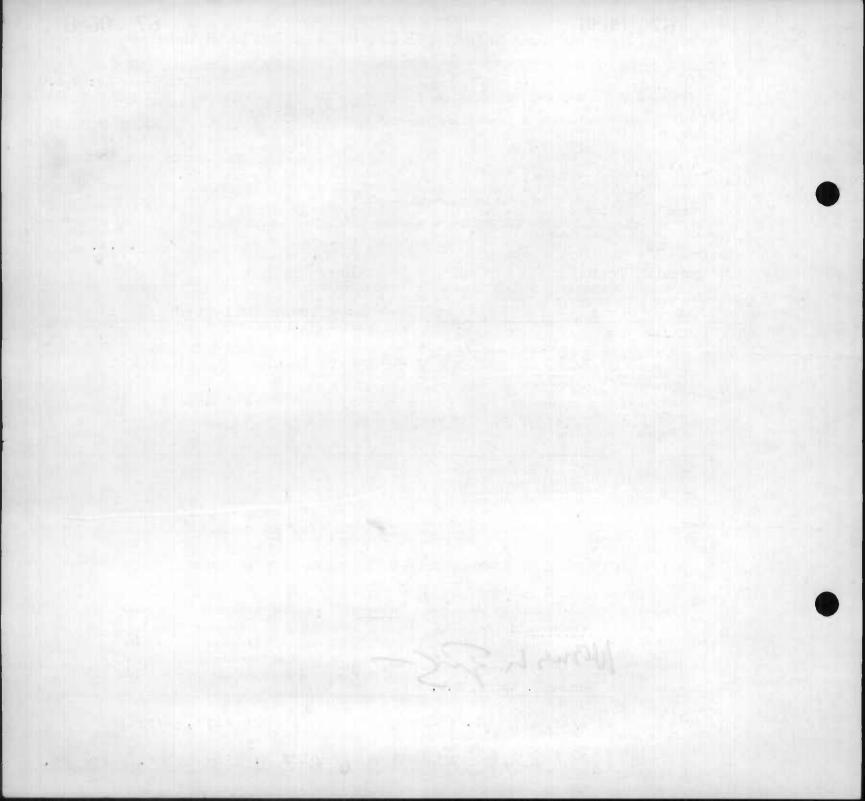
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). FUNERAL DIRECTOR: IMPORTANT

0000	BALTIMORE CITY	HEALTH DEPARTMENT		67 0679
BIRTH NO. 67 0673	CERTIFICA	TE'OF DEATH	Registered No.	07 0073
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  ANNA  P.	Muir	2. DATE AN	D HOUR OF DEATH	1250 P
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE WHEN	e deceased lived. If insti	tution: residence before admi
FULL NAME OF (If not in hospital or institution, given by the state of	e street	MARYLO	Side city limits, write RU	23 0 2 RAL ond give township)
INSTITUTION		111111		1230
South Baltmore General	HospitaL	D. STREET ADDRESS (III	urol, givo locotion) RT AUP	
5, SEX 6. RACE 7. MARRIED, N	EVER MARRIED DIVORCED (specify)		ost birthdoy) 53	If Under 1 Yr. If Under 2 Months Doys Hours A
10A, USUAL O CCUPATION (Give kind of work 10B, KIND OF B done during most of working life, even if retired)  TAVERN CWNER	ERM	BALTIMORY, M	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME ALBERT WOL	F	MARGARE	THOM	BS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO. 18 1-44-5618	ROLAND B. MU	iR, SR. CH	
18. 194 X I	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)A	salinaia	බහි කිරුණු ව රට කිරුණු ව රට කිරුණු ව රට කිරුණු ව රට සහ රට රා රා රුණු වල් ද කුණු ක්ලේස්ලාලේශල	15 min
(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease, injury or complication which coused death.)	DUE 10	veinoma of	- theyroice	1 3 month
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving lise to the obove couse (A) stoling the UNDERLYING CONDITION tost.	DUE TO		0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
2 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED.	nodul.	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  218. PI homo, etc.)	-ACE OF INJURY (o.g., in form, foctory, street, of	frice bidg., INJURY OCCUR?	(If in Boltimoro (	City, give exact location)
	At Not While		JRY OCCUR?	4 - 1
22. I certify that (I) (this hospital) attended the	deceosed from	Oct 17 1	9600 Jan	1 22 19 (
that (I) (we) lost saw the deceased olive on	Jan 22	19 6 7 ond the		on deoth occurred on the
and hour and fram the causes stated above	(We) (did) (did not) v	view the body ofter deoth.		
23A, SIGNATURE Gleet 7. Willi	M.D. Atte	ending Med.  Director	Stoff Phys.	1/22/67
23C. PHYSICIAN'S NAME (Type) Alburt T. M	iller M.D.	23D. ADDRESS [013 4/96]	T 85 833	rond 210
	AE OF CEMETERY OF CRE	10.	MBURNIC, M	town, or county) (SI
JAN 2 3 1967 P. J. S. NAME OF	PEGISTRAR PLAN	25C EUNERAL DIRECTOR	CURTIS E. E	VANSADDRESS ALES ST 2/2
V\$ 150-REV. 1/1/65	7.		·	



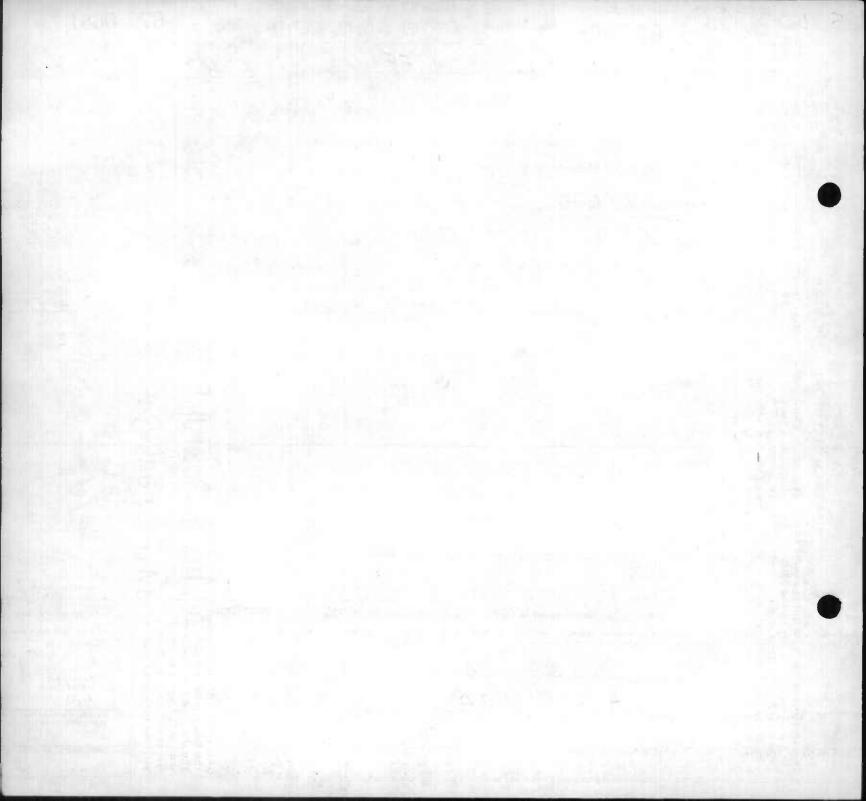
	67	0680	BALTIMORE CITY H	HEALTH DEPARTMENT	67	06
	BIRTH NO.	2 4935 MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH Registered Na.	00
l	00	01 1133				

NAME OF DECEASED pe or Print)	2. DATE AND HOUR PRONOUNCED DEAD	
Danielle Towns	1/22/67 8	:20 a. M
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence A. STATE B. COUNTY	pefore odmission
LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREE	Maryland	
SPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write BURAL and give	township)
- 0	Baltimore	
3 8	D. STREET ADDRESS (If rurol, give locotion)	
University Hospital	1011 Sterrett St.	
6. RACE 7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years   1 Under 1 Yr.   North 1 Doys	If Under 24 Hr.
female colored Single	11/20/66	170013
USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR IND	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	
e during most of working life, even if retired)	Maryland U.S.A	
FATHER'S NAME	14. MOTHER'S MAIDEN NAME	•
Kenneth Towns	Lucy Heihgt	
WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL	17. INFORMANT ADDRESS	
s, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.		
No	Lucy Towns 1011 Sterrett St	
1B. //0 / \ .		VAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSE	AND DEATH
LEADING TO DEATH	onchopneumonia	
(This does not mean the mode of dying, e.g., DUE TO	onenopic amonito.	
injury or complication which coused death.)		
ANTEGEDENT CALLES		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO		
RISE TO THE ABOVE CAUSE (A) STATING THE		
UNDERLYING CONDITION LAST.		
ll l		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	N 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSID	FRED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?	
21 A. EXTERNAL CAUSE WAS 21B, PLACE OF INJURY	yes yes ( (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact location)	
ZIB, TEACE OF INJURI	te.g., ill of oboti 210. Whick Did ill bollimore City, give exact tocolion	
UNDERLYING OR CONTRIB- home, form, foctory, st	treet, office bldg., INJURY OCCUR?	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	treet, office bidgs, NJURY OCCUR?	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.    Control of the con		
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	IRRED 21F. HOW DID INJURY OCCUR?	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCUMAN (APPROX.)  WHILE AT WORK	JRRED 21F. HOW DID INJURY OCCUR?	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	IRRED 21F. HOW DID INJURY OCCUR?	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCU OF INJURY (APPROX.)  22,	NOT WHILE AT WORK	
UNING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Yeor) (Hour) (APPROX.)  1 certify that I held an Inquiry Inspection resulted fram: Natural causes X Accident S	Autapsy  and that an this basis, death in my apinlan  Micide	
UNING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Yeor) (Hour)  22, I certify that I held an Inquiry Inspection  resulted fram: Natural causes X Accident S  ACTUAL	Autapsy X and that an this basis, death in my apinlan  Suicide Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER	TE SIGNED
UNING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Yeor) (Hour)  21P TIME (MONTH) (APPROX.)  22.  1 certify that I held an Inquiry Inspection resulted fram: Natural causes X Accident S  ACTUAL  SIGNATURE	Autapsy x and that an this basis, death in my apinlan  Suicide Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER DA	
UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Yeor) (Hour)  (APPROX.)  1 certify that I held an Inquiry Inspection resulted fram: Natural causes X Accident SIGNATURE  EXAMINER'S	Autapsy X and that an this basis, death in my apinlan  Suicide Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER	
UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Yeor) (Hour)  (APPROX.)  1 certify that I held an Inquiry Inspection  resulted fram: Natural causes X Accident SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D.	Autapsy X and that an this basis, death in my apinlan  Suicide Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER DA  ASSOCIATE MEDICAL EXAMINER 1/22/6	7
UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Yeor) (Hour)  21E INJURY OCCUI  APPROX.)  1 certify that I held an Inquiry Inspection  resulted fram: Natural causes Accident SIGNATURE  EXAMINER'S  NAME (Type) Werner U. Spitz, M.D.  SURVEY OCCUI  NOVAL (Specify)  22C. NAME of CEME	Autapsy and that an this basis, death in my apinian  Suicide Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  1/22/6	
UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Yeor) (Hour)  21E, INJURY OCCU WHILE AT WORK  22.  I certify that I held an Inquiry Inspection resulted fram: Natural causes X Accident S  ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D.  BURIAL CREMATION, 23B. DATE MOVAL (Specify)  23C. NAME of CEME MOVAL (Specify)  32T. NAME of CEME	Autapsy and that an this basis, death in my apinlan  Suicide Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER 1/22/6  ETERY or CREMATORY  23D. LOCATION (City, town, or county)  Brooklyn, Maryland	7
UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Yeor) (Hour)  21E INJURY OCCUI  APPROX.)  1 certify that I held an Inquiry Inspection  resulted fram: Natural causes Accident SIGNATURE  EXAMINER'S  NAME (Type) Werner U. Spitz, M.D.  SURVEY OCCUI  NOVAL (Specify)  22C. NAME of CEME	Autapsy and that an this basis, death in my apinian  Suicide Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  1/22/6	7 (Stote)
UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Yeor) (Hour)  21E, INJURY OCCU WHILE AT WORK  22.  I certify that I held an Inquiry Inspection resulted fram: Natural causes X Accident S  ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D.  BURIAL CREMATION, 23B. DATE MOVAL (Specify)  23C. NAME of CEME MOVAL (Specify)  32T. NAME of CEME	Autapsy and that an this basis, death in my apinlan  Suicide Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER 1/22/6  ETERY or CREMATORY  23D. LOCATION (City, town, or county)  Brooklyn, Maryland	(Stote)



VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

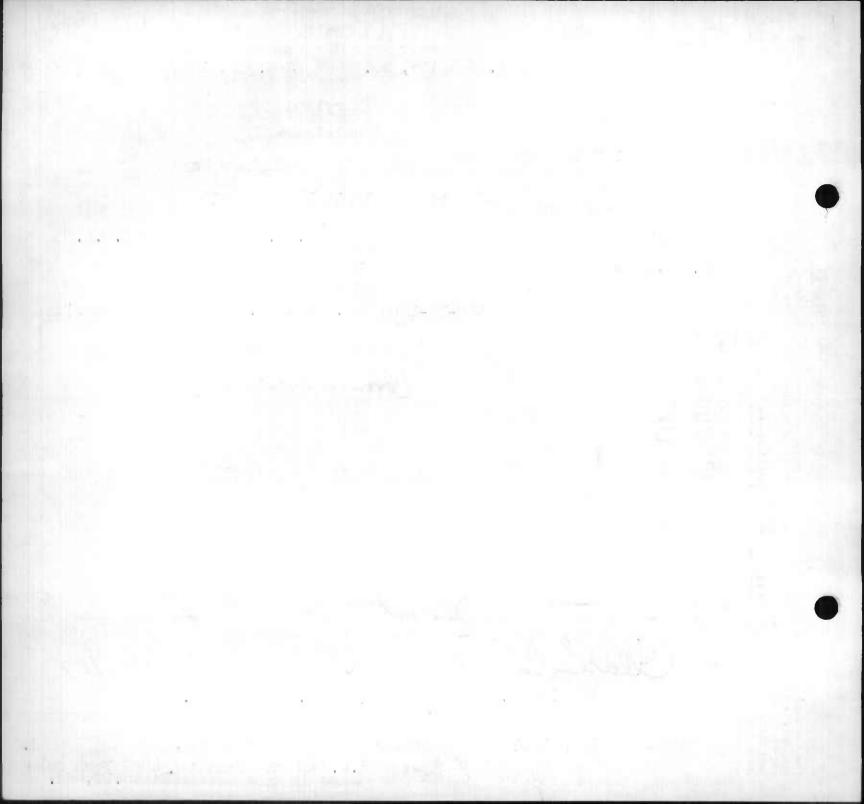


# FUNERAL DIRECTOR: IMPORTANT by the chief medical examiner or his assistant if dea

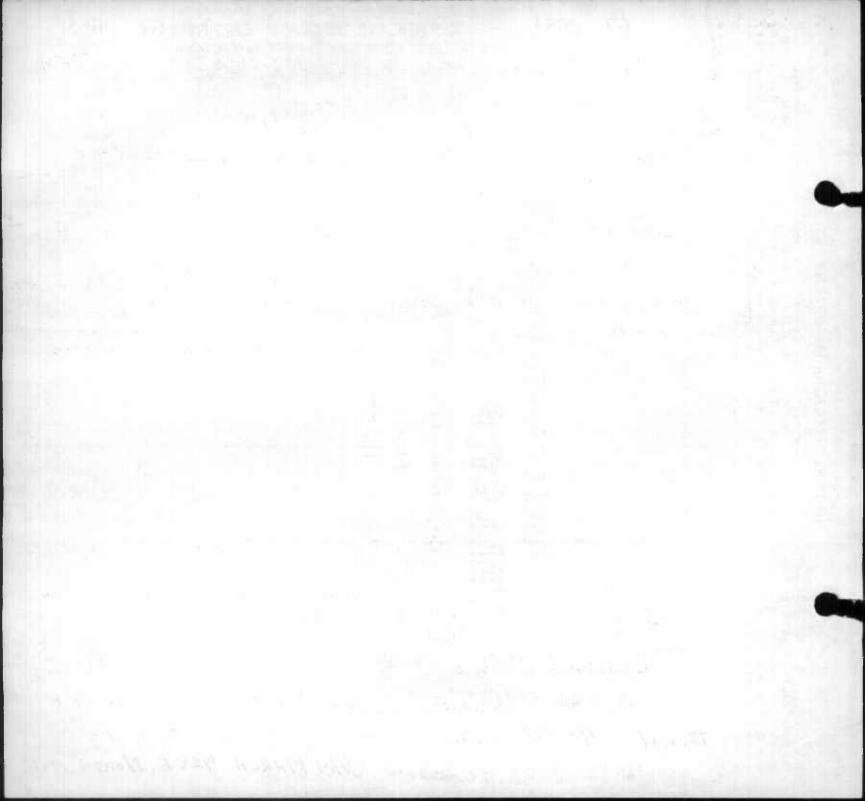
BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. TIFICATE OF DEATH pital and of death Deceased the Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 0 20 a.m. 6 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission)
A, STATE
B, COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND death ance ing cause cause cause; (5) Maryland FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) (If outside city limits, write RURAL and give township) attend 0 Himore = prior contributing D. STREET ADDRESS (If rural, give location) S.F. e (4) Undetermined regular is mad 7. MARRIED, NEVER MARRIED S. SEX 6. RACE 9. AGE (In years If Under 1 Yr. Months Doys If Under 24 Hrs. eceased WIDOWED, DIVORCED (specify) 10st birthday Hours -10-93 Single 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12, CITIZEN OF final disposition death done during most of working lite, even if retired) WHAT COUNTRY? Ξ Refired Genesco American 27/2nd Ö Mas the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the direct -Schlicht gunda death 0 kind; IS. Was Deceased Ever in U. S. Armed Forces? 17, INFORMAN 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY attendance 0 any unced 0 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY of embalmed LEADING TO DEATH prono fracture (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, regular examiner. injury or complication which caused death.) ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if any, 3 = rise to the above cause (A) stating the the physician UNDERLYING CONDITION last. before the remains medical burns; No physician was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (2) Body 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 0 WAS PERFORMED 11-28-66 Corcinona þ 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 7 C. WHERE DID hame, form, factory, street, office bldg., NURY OCCUR? where City, give exact location) OR CONTRIBUTING CAUSE OF to the hospital MEDICAL DEATH (notify medical examiner) etc. nature; obtained 21 D. TIME (except w ; and (6) (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY approved Not While While At (APPROX.) At Work Work any 22. I certify that (this haspital) attended the deceased fram... 0 100 that M (we) last saw the deceased alive an 22 x 6 pe and that in (my) (aur) apinian death accurred an the date of hospital death) the body was released and haur and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death. must accident 23A. SIGNATURE 23B. DATE SIGNED Med. Director prior to M.D. Attending Phys. written approval Phy s. 8 23C. PHYSICIAN'S 23D. ADDRESS at NAME (Type) shows: (1) An Ian M.D. 24A. BURIAL CREMATION, eceased CEMETERY of CREMATORY 24D. LOCATION 0 REMOVAL (Specify) ä Mas DIRECTOR 25C. FUNERAL VS 150-REV. 1/1/65

Barkmine Church Home a Hespital (15) 45 2418H 7831 5-10-53 93 7 K Storle American Does front Repord Courses Co Numgunde Liz John Schlicke C 96 713 Adensement of the 3 person HEAD of PANCRONS 11-28-66 Rectai Concine Me. NO 10 HO 10 18, wh 5, not

VS 150-REV, 1/1/65



	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 67 0684	CERTIFICA	TE OF DEATH	Registered Na.	<del>67 0684</del>
1. NAME OF DECEASED (Type or Print) AIRFRT	UIS ROBINSON	2. DATE AN	D HOUR OF BEATH	6 30/AM
B. PLACE OF DEATH IN BALTIMORE, MARYLA		4. USUAL RESIDENCE (When	e deceased lived. Il ins	titution: residence before admission)
FULL NAME OF (If not in haspital or in	stitution, give street	PA.		
HOSPITAL OR address or lacation)	111 5 1/-0		side city limits, write R	URAL and give tawnship)
/ /	Lth SERVICE Hog	D. STREET ADDRESS (III	rural, give lacotion)	V-33
WYMAN PK. DRIVE	<u> </u>	303 S.	6 ±5	STREET
MW	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	10-10-25	9. AGE (In years last birthday) 54	If Under 1 Yr. II Under 24 Hrs. Months Doys Haurs Min.
OA, USUAL OCCUPATION (Give kind al wark 108 lane during most al warking life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lare)	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?
LABORER		PA.		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
Louis H	•	Lillian	Johus	3N
5. Was Deceased Ever in U. S. Armed Farces? Yes, no or unknawn) (III yes, give war or dates at		17. INFORMANT US Hospi	Public HEA tal RECC	LAH SEXULCE HOS
18. 201 X I	CAUSE C	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECT	TLY 1	todakins L	un alama	Months
(This does not meon the made of dy	ng, e.g., DUE TO	109 9 FIN 5 C	y in priorising	77001773
heart failure, asthenia, etc. It means the injury or complication which caused dec				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any				
rise to the obove couse (A) sto UNDERLYING CONDITION lost.	ting the (C)			
OTHER SIGNIFICANT CONDITIONS CON	TRISTITING			
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar No	208. IF YES, WERE F	INDINGS CONSIDERED JSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natily medical exominer)	21B. PLACE OF INJURY (e.g., home, larm, loctory, street, etc.)	n or about 21 C. WHERE DID INJURY OCCUR?		City, give exact lacation)
_	aun 21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Nat Whi			
22. I certify that (1) (this hospital) a			19 66 to	TAU 21 1967
that (1) (we) last saw the deceased a		A		nian death accurred an the da
and haur and fram the causes stated				
23A. SIGNATURE	1			23B, DATE SIGNED
Wolfam 2 (	Wilkie M.D. AH	ending Med. Director	Staff Phys.	1-21-67
23C. PHYSICIAN'S NAME (Type)	WINE M.D.	1)S Public	HEALTL !	SEPULCE HOSP
24A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CR	EMATORY 24D. L	OCATION (Cit	y, town, or caunty) (State)
REMOVAL (Specily) 1/25/67	Factor Com	teru Fr	stan n.1+	HINI PA.
25A. DATE REC'D BY HEALTH DEPT.   251	NAME OF REGISTRAR	25C FUNERAL DIRECTOR		ADDRESS
IAN 9 3 1067 A	o and The allen	DV/87 87ARG	CH 928 E	E. NORTH AVE
VS 150-REV. 1/1/85	O THE STATE OF THE			



VS 151-REV. 1/1/65

67	0685	BA	LTIMORE CITY HEAL	TH DEPARTMEN	NT		67	0685
BIRTH NO.		ICAL EXA	AMINER'S CE	RTIFICA	TE OF	DEATH Registere	ed No	0000
M.E. CASE NO.								
Type or Print)	CEASED Will	liam			2. DATE A	ND HOUR PRONOUNCED		
			vis			1/20/67		40 p. M.
. PLACE IN BAI	TIMORE MARYLAND, W	HERE PRONOUN	CED DEAD	A. STATE		e deceased lived. If institu B. COUN	ution: residence 1 ITY	petare odmissian)
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA		ON, GIVE STREET			de corporote limits, write	RURAL ond give	to waship
0 2					Baltimo		5	
30	Hopkins Hos	nitn 1	1000	D. STREET ADD		Hoffman St.		
S. SEX	6. RACE	7. MARRIED, N	EVER MARRIED	B. DATE OF BIRT			If Under 1 Yr.	If Under 24 Hrs.
10 J -005	colored		ORCED(specify)	9/4/	-	9. AGE (In years last birthday)	Months, Doys	
male	CUPATION (Give kind of wor	LINE VIND OF B	IMINESS OR INDUSTRY	11 AIRTHRI ACE	(State or his		12. CITIZEN OF	
	working lite, even if retired)	KIND OF S	MINESS OR INDUSTRI		1 /	1 20	WHAT COU	INTRY?
3. FATHER'S NA	ME			14. MOTHER'S N	AIDEN NAN	Hugh A.C.	}	
9,	. 6			11	4			
5 WAS DECEAS	ED EVER IN U.S. ARMED	P FORCES?	S. SOCIAL	17. MFORMANT	ell.		ADDRESS	
	n) (If yes, give wor or dote		SECURITY NO.	17. HIPORIVIAINT	1 1	7 .	AUDICES	0,
·no				Parle	wor	urco 1506	Talle	con lack an
1B.	31	5 - 6	CAUSE	OF DEATH			INTER	VAL BETWEEN T AND DEATH
DISE	ASE OR CONDITION DI	RECTLY			1.	12.		I AND DEATH
	LEADING TO DEATH	1	(A)	sclerotio	c cardi	ovascular dis	sease	
heort failur	nat mean the made of e, osthenio, etc. It means	dying, e.g., s the discose,	DUE TO				/	
injury or c	omplication which coused	deain.)						
	ANTECEDENT CAUSE	S	(R)					
DISEASES RISE TO T	OR CONDITIONS, IF A	ANY, GIVING	DUE TO					
	ING CONDITION LAST.		(C)					
<u> </u>	-					,		
TO THE	II SNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO THE						
<u> </u>			ICH OPERATION	20A. AUTOPS	r? (Yes or No	) 208. IF YES, WERE FINI	DINGS CONSID	ERED
Ö	WAS PER	FORMED		no		IN CERTIFYING CAUSE	S OF DEATH?	
UNDERLYING	AL CAUSE WAS OOR CONTRIB- USE OF DEATH.	21 B. PL home, etc.)	ACE OF INJURY (e.g., i farm, factory, street, a	n or obout 21C. \ffice bldg., INJUR	WHERE DID Y OCCUR?	(If in Boltimare City, give	e exoct lacation)	
Z 21D TIME	(AA41) (D) (V	1 (11-1) [2] 5	INJURY OCCURRED	215 H	OW DID IN	JURY OCCUR?		
OF INJURY	(Month) (Doy) (Yea				OW DID IN.	JORI OCCOR:		
(APPROX.)		m. WC	ORK NOT V	ORK				
22,	rtify that I held on I	inquiry _	Inspection X Aut	opsy on	d that on t	his bosis, deoth in my	opinion	
resi	Ited from: Notural co		ident Suicide			Undetermined monner		
			1			XAMINER _		
ACTU	L 11000	2/1	7 1-1				DA"	TE SIGNED
SIGNA		er U. Spi		ASSISTANT M			1/21/6	57
NAME	MEK 2	CI O. DPI	7,	ASSOCIATE A	AEDICAL E	XAMINEK		
23A. BURIAL CR	EMATION, 23B. DATE	23C.	NAME OF CEMETERY OF	CREMATORY	23D.	LOCATION (City, 1	lown, ar caunty)	(State)
REMOVAL (Spec	ify)	110	tral a.	1.11	7 (	71. 71.	1 m.	1
AA. DATE REC'	BY HEALTH DETT.	DAN NAME OF	PEGISTRAD	DAC FILINGE	MA CHECTO	wegger	ADDRES	6
ANI DATE RECT	JAN/2/3 1967	A O B S	1 7.0	240. FUNER	L	-11-1	ADDRES	n ,
	JAN 9 1961	Colours,	E . ALTONOMINA	11/10	100 Co	· Theken	1/2971	(Medine S)
/S 151-REV. 1/1	/65	1 7 0	7 4 1	0 0	0 6			

The love of me. Liberry Butter Kane 15th 12th 10 Bund Jone 1917 Milaboral Con Terresport Free IMPORTANT FUNERAL DIRECTOR: D.O.A. eceased the body written shows:

Was

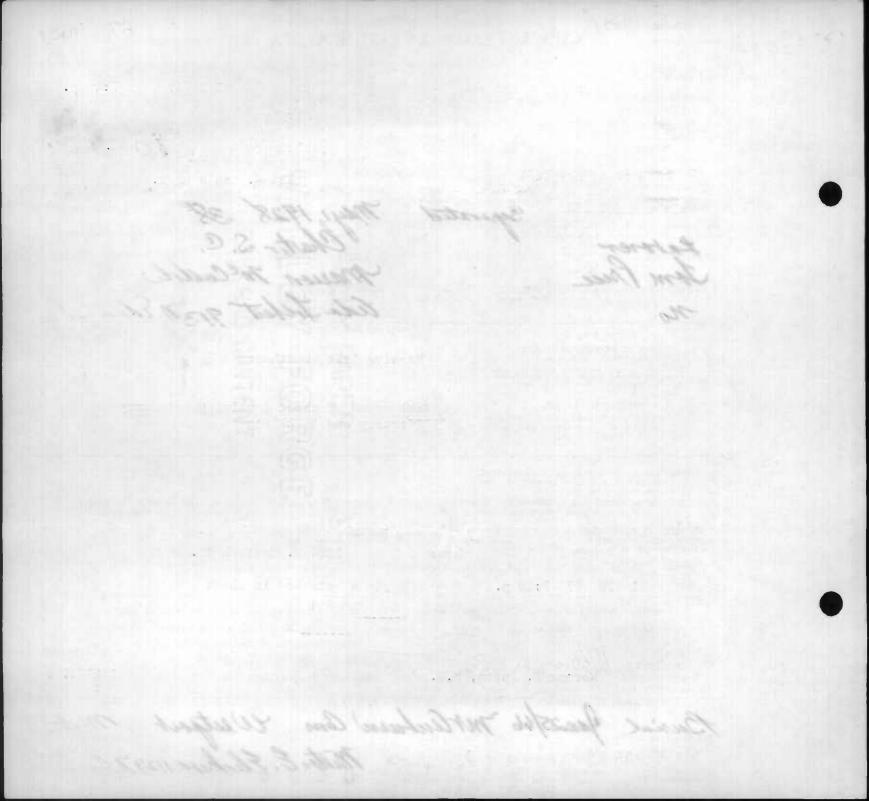
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BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. CERTIFICATE OF DEATH Registered No. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) (If outside city limits, write RVRAL and give lownship If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U. S. A. ADDRESS RECORDS: BCH 4940 Eastern Avenue 21224 INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (our) apinian death occurred an the date 23 B. DATE SIGNED 4940 Eastern Avenue Baltimore, Maryland 2122 REMOVAL (Specify) 25B. NAME OF REGISTRAL JAN 23 1967 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65



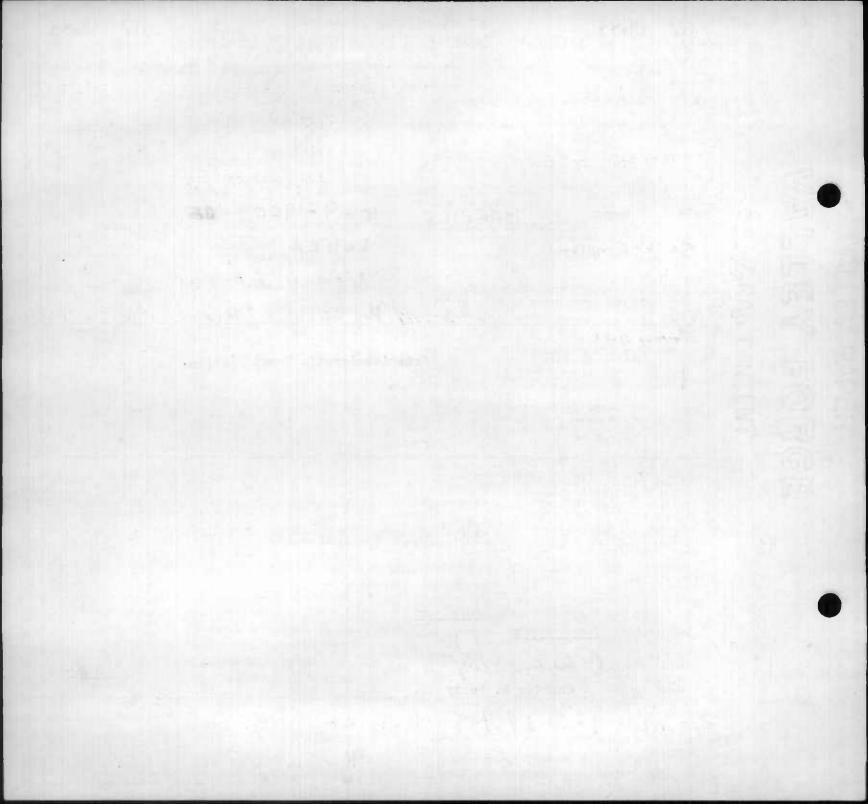
### MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67

A.E. CASE NO.	
NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
Samuel Price	1/20/67 7:40 p. M.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)  A. STATE  B. COUNTY
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland
OSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give lownship)
4311011014	Baltimore 10-02
23	D. STREET ADDRESS (If rural, give locotion)
Hopkins Hospital	1234 E. Madison St.
SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.
male colored WIDO WED, DIVORCED (specify)	Months, Doys, Hours, Min.
Scherolid	11/441,1928 38
OA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired)	11. BIRTHALAZE (Store or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Laterer	Charter S. C.
B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jane Phen	main merula
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL	17. INFORMANT ADDRESS
es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	11411
Ma	Uda Solhert 913 M. Idea St
18. — CAUSE	OF DEATH INTERVAL BETWEEN
ETRAXI	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Massi	1 - Ch h -wetheren
(This does not meen the mode of dying, e.g., DUE TO	ive left hemothorax
(This does not meon the mode of dying e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
injuly of compression which coused dealest	
ANTECEDENT CAUSES Stab W	yound of chest involving pulmonary
DISEASES OR CONDITIONS, IF ANY, GIVING	vound of chest involving pulmonary tery and left lung
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	tery and rert rung
Z (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
EVERNAL CALLET WAS	yes yes
	in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
uting Cause of Death. etc.) home	1234 E. Madison St.
21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY	
	while stabbed in chest
22.   certify that I held on Inquiry   Inspection   Aut	topsy X ond that on this basis, death in my opinion
resulted from: Natural couses Accident Suicid	e Homicide X Undetermined monner
	CHIEF MEDICAL EXAMINER
ACTUAL WARE IN STATE	ASSISTANT MEDICAL EXAMINER
TI Contact	ASSOCIATE MEDICAL EXAMINER 1/21/67
NAME (Type)	ASSOCIATE MEDICAL EXAMINER
3A. BURIAL CREMATION, 238 DATE / 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
EMOVAL (Specify)	CREWIATORI (STOTE)
Durial Jan 25166 Mrlluly	In Com Wetset md
4A. DATE REC'D BY HEALTH DEPT.  24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
	hat e 111
JAN 23 1967 R. P. S. Farley M.	VILLET CO. Thekald 1129 7 CANTines t
'S 151-REV. 1/1/65	1 0 6 0 6 ments
11875.20	V



# S-3 67 0688 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

RIK	H NO.	14	TEDICAL EX	MMIINER 3 C	EKTITICATI	LOIL	JEA III Registe	red Iva.	
	E CASE NO.								
	NAME OF DEC	EASED			1		D HOUR PRONOUNC		
		HARR		STREATER	(Horace)		ary 19, 196		L:15 P M.
3. F	LACE IN BALT	IMORE, MARYLAI	ND, WHERE PRONOL	INCED DEAD	A. STATE		deceased lived. If ins	JNTY	before admission)
FUI	L NAME OF	(IF NOT IN H	OSPITAL OR INSTITU	JTION, GIVE STREET		land	1:-:-	DUDAL	
HO	SPITAL OR	ADDRESS OR	LOCATION)		C. CITT OK TOWN	N (II outside	e carparate limits, write	KURAL and a	ve no visnipi
	1000	D 1				timore			
1	1800	Presbury	Street		D. STREET ADDRE				
-	10				-U	) Presb	ury Street		
5. 5	EX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)		r. If Under 24 Hrs. s . Hours > Min.
]	Male	Negro	MA	RRIFD	10-4-	1900	66		
				BUSINESS OR INDUSTR	11. BIRTHPLACE (SI	tote or foreig	n country)	12. CITIZEN C	
aan	Se IS	rarking life, even if	retired		LATTE	R	5.C.		A.
13.	FATHER'S NAM		Jan		14. MOTHER'S MA				
		7			NANC	UT	hNSON		
		D EVER IN U.S.		16. SO CIAL	17. INFORMANT	1	, ,, ,	ADDRESS	
(Yes	4 .	(If yes, give war	or dates of service)	SECURITY NO.	W. A.	11-	570	1700	De la ci
	NO.			214-16-5717	Mirs. Gera	101NZ	DTREATER	18001	10510419
	1B.	20.01		CAUSE	OF DEATH				SET AND DEATH
	DISEAS	E OR CONDITION							
	(This does n	LEADING TO		1777	iosclerotic	: Heart	Disease.		***************************************
	heart failure,	asthenia, etc. It application which o	ade of dying e.g., means the disease, caused death.)	DUE TO					
		NTECEDENT C		(B)					00000000000000000000000000000000000000
	RISE TO TH	E ABOVE CAUSE	S, IF ANY, GIVING (A) STATING THE	DUE TO					
7	UNDERLYIN	IG CONDITION	LAST.	(C)			***********		
ō		н							
X		NIFICANT COND	TIONS CONTRIBUTII						
F		R CONDITION CA	OT RELATED TO T	`HE	***************************************			,	····
CERTIFICATION	19A. DATE OF	OPERATION 19	B. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY?		20 B. IF YES, WERE FI		
	0	w.	AS PERFORMED		No		IN CERTIFYING CAU	SES OF DEATH	?
MEDICAL		L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in ar about 21C. WI	HERE DID	(If in Baltimore City, g	ive exoct lacatio	in)
M	UTING CAU	OR CONTRIB-	etc.)	e, form, factory, street,	office bidg., INJUKT	OCCUR?			
ME	21D TIME	(Month) (Day)	(Year) (Haur) 2	TE. INJURY OCCURRED	21F. HO	W DID INII	JRY OCCUR?		
	OF INJURY (APPROX.)	tratamin tody,			WHILE				
			m. \	WORK AT W	ORK				
	22.	ify that I held	an Inquiry	Inspection X Au	tapsy and	that an thi	is basis, death in i	my apinian	
	resul	ted from: Natu	ral causes x	Accident Suicid	le Hamicid	e l	Indetermined mann	er	
				/ ) -			AMINER .		
	ACTUAL		1 , 1	1-	ASSISTANT ME			D	ATE SIGNED
	SIGNAT		naile.	Toy M.D	ASSOCIATE ME			1/	/19/67
	EXAMIN		Charles S.	Petty	ASSOCIATE ME	DICAL LA	AMINEK		
	BURIAL CRE	MATION, 23B. D		C. NAME OF CEMETERY	OF CREMATORY	23 D. L	OCATION (City	, town, or count	y) (State)
REA	MOVAL (Specify	1 -	23-1.1	MT. A.	DURN	R	211		Md.
7	DATE PECID	BY HEALTH DEP	T. ZAR NIAAAE	OF REGISTRAR	24C. FUNERAL	DIRECTOR	H 140.	ADDI	
2.47	DAIL KEED	· IIIAEIH DEF	TANK HANNE	OI REGISTRAR	A A	L DIRECTOR	_	,	
	18	N 2 3 196	7 00 0 8-5	Falloma.	Morro	NA DW	ell -170	1 hau	RENS ST
VS	151-REV. 1/1/	65	· Alman		0 0	O M	110		



V	J-	2	20	3	-
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	eceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such 🔼	Written annewal must be obtained before the some and and an final disposition is made
	H 4	S	3.	U	3

	BALTIMORE CITY	Y HEALTH DEPARTMENT
- 11	IRTH NO. 6/ UDGO CERTIFICA	TE OF DEATH Registered No. D. Ubay
	NAME OF DECEASED Type or Print) Q Q (1) WITH	2. DATE AND HOUR OF DEATH 935 P
107	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
Ü	FULL NAME OF (If not in hospital or institution, give street	A. STATE MARY LAND BALT IMORE C
	HOSPITAL OR oddress or location	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
ı	Johns Hopkens Hospital	D. STREET ADDRESS (If rurol, give location)
ı	33	538 MAIN STREET 53-00
100	SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.  7. 7. 10   Months; Doys   Hours   Min.
ш	TALE NEGRO MARK PED ORCED (specify)	5-5-09 57
	OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Steel-Laborer Doth - Steel	Terson Lo., N.C. U.S.A.
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
L	GEORGE WHITT	ROXIE PULLEY
1	5. Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL  SECURITY NO.	17. INFORMANT ADDRESS
L	217-09-4206	Mrs. Mary Whitt - 538 MAIN ST.
	793.0	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
ı	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	mplet heartblock I month
	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
ı	injury or complication which coused death.)	rterresclerate (1) ~ 5 years
l	ANTECEDENT CAUSES	111242
ı	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the	possible Ritmonary Intelles
ı	UNDERLYING CONDITION lost.	Do Langlio 2 and
ı	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	THE West flowing
ı	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	3, 3
ı	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ŀ	<u> </u>	NO
	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	n or obout 21 C. WHERE DID (If in Baltimore City, give exact location) ffice bldg., INJURY OCCUR?
ш	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	Vhite At Not Whi	le 🦳
1	22. I certify that (1) (this haspital) attended the deceased fram	
ı	that (I) (we) last sow the deceased alive an	19 67 and that in (ar) (aur) opinion death accurred an the date
ı	and hour and fram the causes stated above. (We) (did)	
ı	23A. SIGNATURE	23B. DATE, SIGNED
1	All Apaulains M.D. Att	ending Med. Stoff Phys. Director Phys.
ŀ	23C. PAYSICIAN'S NAME (Type)	23D. ADDRESS
L	2.00. Shanding w.o.	
2	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of DEMETERY OF CR	EMATORY 24D. LOCATION (City, town, or county) (State)
	BURIAL 1-24-6/ Elijah GRO	
2	5A. DATE REC'D BY HEALTH DEPT. 25R. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
I	S 150-REV. 1/1/65 2 3 1967 (P. C. S. S. J. C. M.)	MORTON + Myell - 1101 LAURENS

letyretra alget a mot Complete hear Theode d VD situals canot no Also pessible Propulation Salkolico All & Spaulding Spaulding

a hospital and

0000	BALTIMORE C	TY HEALTH DEPARTMENT		08 0000
BIRTH NO. 67 0690	CERTIFIC	ATE OF DEATH	Registered No.	67 0630
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)		2. DATE AN	NO HOUR OF DEATH	
Cherri	e Myrick		ary 19, 196'	
PLACE OF DEATH IN BALTIMORE, M	ARYLAND	4. USUAL RESIDENCE (Whe		nstitution: residence before odmissi
FULL NAME OF (If not in hospital address or location in the control of the contro	l ar institution, give street on)	C. CITY OR TOWN (If our	tside city limits, write	RERAL and give township
Providen	t Hospital			1501
1514 Div	vision Street	D. STREET ADDRESS (If	rural, give location)	
	e, Maryland 21217	2/19 Cal	low Avenue	
SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9, AGE (In yeors	If Under 1 Yr. , If Under 24
Female Negro	WIDOWED, DIVORCED (specify) Widowed	Nov. 27, 1891	last birthdoy)	Months Days Haurs Mir
OA. USUAL OCCUPATION (Give kind of wo	irk 108. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLA CE (State or fore	ign country)	12. CITIZEN OF
dane during mast af working life, even it retired)		Windship		WHAT COUNTRY?
Retired 3. FATHER'S NAME		Virginia		U. S. A.
3. FAIRERS NAME		14. MOTHER'S MAIDEN NA	WE	
WALKER		ROSE BROWN	ĺ.	
5. Was Deceased Ever in U. S. Anned Fo Tes,na arunknawn) (If yes, give war or da	tes of service)  1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		Ella Myrick-da	ughter	same
1B. 1 (1) 1	CAUSE	OF DEATH	0	INTERVAL BETWEEN
DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION lost.	sloting the (C)			
TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	ATED TO THE			
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CO WAS PE U 21A. ACCIDENT WAS UNDERLYING	NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes at No	20B. IF YES, WERE	FINDINGS CONSIDERED
E 0		no	IN CERTIFIED CA	OSES OF DEATH:
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g	office bldg., INJURY OCCUR?	(If in Baltimar	e City, give exoct location)
DEATH (natify medical examiner)	etc.)			*
21D. TIME (Month) (Day) (Year	Haur) 21E, INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX)	While At Nat W			
	Wark At Wa		67 10	510 ST
22. I certify that (I) (this haspite		January 18,	19 67 to Ja	nuary 19, 19 6
that (I) (we) lost saw the deceas	sed alive on January 19,	19 67 and th	ot in(my) (our) api	inion deoth occurred an the
and haur and from the couses ste	ated above. (I) (We) (did) (did not	) view the body ofter deoth.		
23A. SIGNATURE		Attending Med. Phys. Director	Staff Phys.	January 19, 1967
23C. PHYSICIAN'S		23D. ADDRESS		
NAME (Type)	M. oberc	D. 151/ Division S	treet_Rolti	more 17, Maryland
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF			ity, town, or county) (Stote
REMOVAL (Specify)		-		
Burial 1-24-		-	eisterstov	
25A, DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	-	ADDRESS
IAN 2 3 1967 (P. C.	I'T E OTOMBOUTH O	Martan & D	gett F.H.	1701 Laurens

VS 150-REV. 1/1/65



(Type or Print)

who are

physician

obtained before the remains

(6) No physician

where

(except

at a hospital

was D.O.A.

death); and

eceased prior to

written approval

pe

must

CERTIFICATION

MEDICAL

IMPORTANT

FUNERAL DIRECTOR:

the chief medical

to the hospital

was released

the body

shows:

certificate

(1) An accident

approved

any nature;

RIRTH	N	Э.			-	57	,
M.E.	CA	SE	NO	٥.	(	, ,	
1 N A	AAF	0	FF	DEC	"FA	SEL	_

FULL NAME OF

CERTIFICATE OF DEATH

		2. DA	TE /	AND HOUR OF DEATH
4.	USUAL	RESIDENCE	(W	Vhere deceased lived. If institu

B. COUNTY

	S	-	2	
	0		P	M.
tion:	residence	before	od mi s si	on)

				,	
ACE	OF	DEATH	IN	BALTIMORE,	MARYLAND

(If not in hospital or institution, give street oddross or location)

COLE. WILLIAM

HOSPITAL OR Baltimore City Hospitals

4940 Eastern Ave. Baltimore, Maryland #

5. SEX 6. RACE

MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)

8. DATE OF BIRTH Fed 12, 1884

Maryland

Baltimore

205 Main St.

Virginia

14. MOTHER'S MAIDEN NAME

C. CITY OR TOWN

D. STREET ADDRESS

21222 9. AGE (In years lost birthdoyl

(If rural, give location)

(If outside city limits, write RURAL and

If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours

U.S.A.

RVAL BETWEEN ET AND DEATH

12. CITIZEN OF WHAT COUNTRY?

005

Male Negro 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country done during most of working life, even if retired)

Retired 13. FATHER'S NAME

COLE WILLIAM 15. Was Deceased Ever in U. S. Armed Forces

6. SOCIAL

SINA MCDONALD

17. INFORMANT ADDRES21224 ltimore, Md.

703, give wer of golds of service	216-10-3871	BCH: Records 4	940 Eastern Ave.	Baltimor
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, of heart failure, astheria, etc. It means the disections are the disections and the disections are the disection are t	e.g., OUE TO	CVA		ONSET AND DI
injury ar camplication which caused deoth.)  ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, givense to the above cause (A) stating UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	YES	208, IF YES, WERE FINDING IN CERTIFYING CAUSES O	S CONSIDERED F DEATH?
21 A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF  DEATH (notify medical examinal)	21B. PLACE OF INJURY (e.g., in homo, form, foctory, stroot, of otc.)	or obout 21 C. WHERE DID INJURY OCCUR?	flf in Baltimore City, g	ivo exect locotion)
21 D. TIME (Month) (Doy) (Yoor) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED  While At Not While Work At Work	21 F. HOW DID INJ	URY OCCUR?	

stated abave. (1) (We) (did) (did not) view the bady after death. and haur and from 23A, SIGNATURE

that (1) (wa) last saw the deceased alive

22. I certify that (I) (this begging) attended the deceased fram

Attending Phys. 23 D. ADDRESS

> .9 40

19

23B, DATE/SIGNED

and that in (my) (our) opinion death accurred an the date

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

24C, NAME of CEMETERY OF CREMATORY

24D. LOCATION Laure]

Burial 1-24-67 25A. DATE RECIDIO

Carver Memorial

Park Lau

Med.

Director

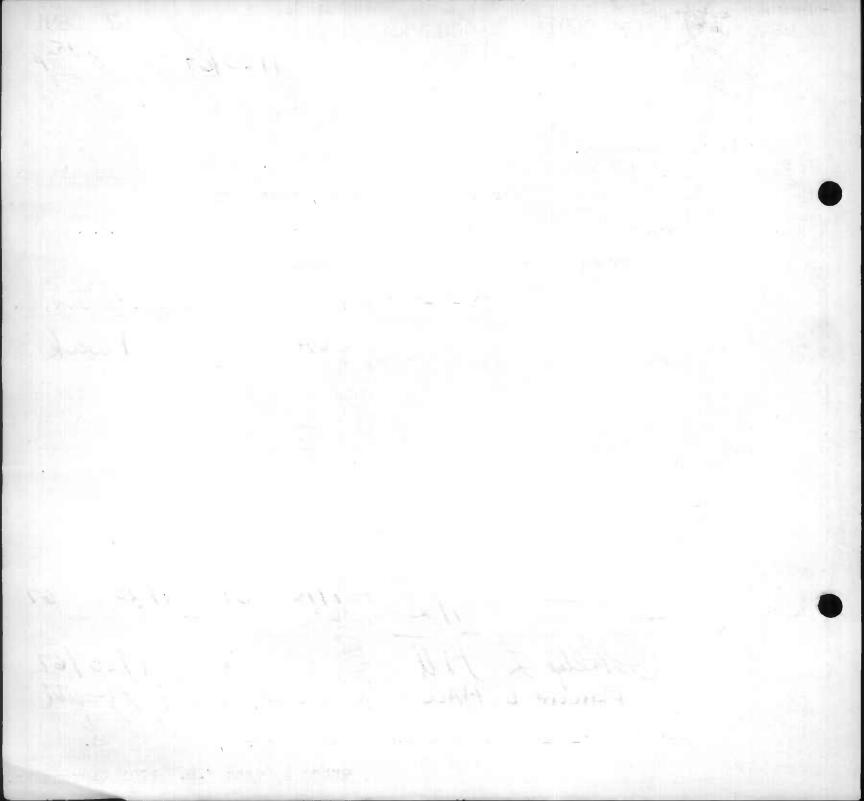
ADDRESS

Md.

VS 150-REV. 1/1/65

23C. PHYSICIAN'S

NAME (Typo)



## BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67

M.I	E. CASE NO.				V			
1. NAME OF DECEASED (Type or Print)  DOROTHY MAE WENK				2. DATE AND HOUR PRONOUNCE January 15, 1967				
2 6					5:25 P _M .			
FOR THE HOT IN HOSPITAL ON INSTITUTION; GIVE STREET			A. STATE  Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
	TITUTION	2-0-0 /		Denton	155-00			
	O University Hosp	oital		(ESS (If rurol, give location)				
1	5 8			301 Sixth Street				
5. S	Female White	7. MARRIED, (NEVER MARRIED WIDOWED, DIVORCED(Specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths, Doys Hours Min.			
	. USUAL OCCUPATION (Give kind of work	108 KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF			
don	during most of working life, even if refired)		M pray LAN 9 WHAT COUNTRY?					
13.	FATHER'S NAME		14. MOTHER'S M	AIDEN NAME				
	CHARLES L	NENK	ELOSS	E MRDD ING				
	WAS DECEASED EVER IN U.S. ARMED , no arunknawn), (If yes, give war or dote		17. INFORMANT		ADDRESS			
	NO		CHARRI	LES WENK D	ENTON, MO			
	18. [ 8 2 2 2 4	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DI				ONSET AND DEATH			
	LEADING TO DEATH	(A)	tiple tra	umatic injuries				
	(This does not mean the mode of dying, e.g., DUE TO heart follure, as thenio, etc. It means the disease, injury or camplication which caused death.)							
	ANTECEDENT CAUSES	\$						
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE							
_	UNDERLYING CONDITION LAST.							
õ	(C)							
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	LATED TO THE						
CERT	19A. DATE OF OPERATION 19B. CON WAS PERI	DITION FOR WHICH OPERATION	20A. AUTOPSY?	(Yes of No.) 20B. IF YES, WERE FILL CAUS				
MEDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct lacotion) home, form, foctory, street, office bldg., INJURY OCCUR? Route 317 Three miles							
ME	nignway miles north of Denton, Md.  21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
	OF INJURY 1-14-67 12:30 A m. WHILE AT NOT WHILE X Passenger in car that overturned							
	I certify that I held an Inquiry Inspection Autapsy X and that on this basis, death in my apinion							
Н	resulted fram: Natural causes Accident X Suicide Hamicide Undetermined manner							
	CHIEF MEDICAL EXAMINER							
	SIGNATURE (MONTS). ASSISTANT MEDICAL EXAMINER X							
	EXAMINER'S Charles & Springate M D ASSOCIATE MEDICAL EXAMINER   January 16 1967							
22.4	( · / P - /			Ja				
	MOVAL (Specify)	1917 CRATTOS	GO CO	23D. LOCATION (City,	BORD MD			
24	DATE REC'D BY HEALTH DEPT.	24B, NAME OF REGISTRAR	20C SMNED	AL DIRECTOR	ADDRESS			
-7/	JAN 23 1967	R.C. S. E. Fallowna	Cho	RLES 1. MOORE	DENTON, MD.			
VS	151-REV. 1/1/65 / D 6 0	17 0 / 11 0	0 0 6	9	V			
	10007							

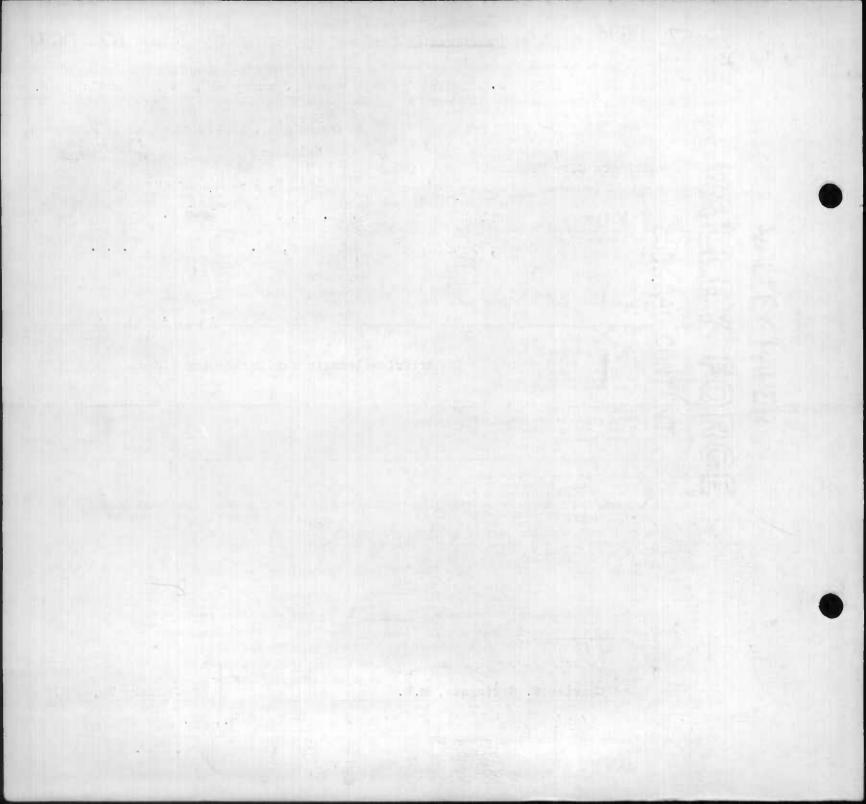
Letter from M.E.'s

TH=0-78

THE RESIDENCE OF THE PARTY OF T

Baltomera city Balkenier Wed 409 N. Buley At 28 No. 1'1841 P Baltimore Md. House wife raproduced + Freehorger Leve Frans don- William E. Fricker Elm Urema physiolenew Broken i revenling Conjustion Want Factories & Refer Miranda

1. NAME OF DECEASED (Type or Print) FRANK J.	AFFAYROUX	2. Date and hour pronounced Deal January 19, 1967	11:25 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	A. STATE	DENCE (Where deceased lived, If institution: re	sidence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	C. CITY OR TO	aryland WN (If outside corporate limits, write RURAL altimore	ond give township)
Baltimore City Hospital	1 (DOA) D. STREET ADD	DRESS (If rural, give location)	#6
Male White Marri	NEVER MARRIED DIVORCED(specify) ied  B. DATE OF BIR Sept.	10, 1907   S9 yrs. Month	ler 1 Yr, If Under 24 Hrs. s, Doys Hours Min.
done during most of working life, even if retired)  Machinest  Crown,	Cork & Seal Baltin	nore, Md.	AT COUNTRY?
13. FATHER'S NAME Frank J. Affayroux	14. MOTHER'S A Anna Fo		
	16. SO CIAL 17. INFORMANT SECURITY NO.		SS
no	Margan	cet Affayroux, wife, abo	ove
ANTECEDENT · CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	(B) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			> • • • • • • • • • • • • • • • • • • •
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	Ye		DEATH?
✓ 21A, EXTERNAL CAUSE WAS         O UNDERLYING□OR CONTRIB-         UTING□CAUSE OF DEATH.    21B. Phome, etc.)	PLACE OF INJURY (e.g., in or about 21C., form, factory, street, office bldg.,	WHERE DID (If in Boltimore City, give exact IY OCCUR?	location)
OF INJURY (APPROX.)	TE, INJURY OCCURRED 21F, H WHILE AT NOT WHILE VORK AT WORK	OW DID INJURY OCCUR?	
1 certify that I held on Inquiry resulted from: Natural causes X A		id that on this bosis, death in my opini	on
resolted from Holoral canses V	CHIEF	MEDICAL EXAMINER	DATE SIGNED
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles S. Spri	M.D. ASSISTANT ASSOCIATE	MEDICAL EXAMINER	y 20, 1967



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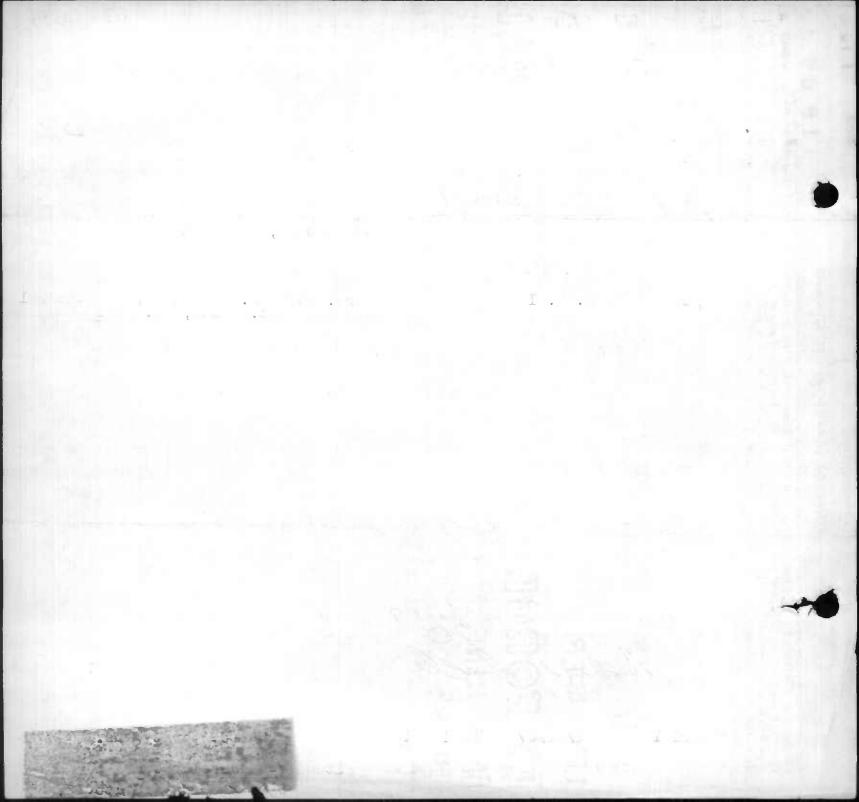
BALTIMORE CITY HEALTH DEPARTMENT Registered Na.. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) AM. death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) COUNTY FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) INSTITUTION prior D. STREET ADDRESS give location rurol, made. 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. deceased Monthsi Hours WIDOWED, DIVORGED (specify) lost birthdovi 10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPL 12. CITIZEN OF WHAT COUNTRY? ACE (State or foreign country) isposition dane during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the 0 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. ance CAUSE OF DEATH INTERVAL BETWEEN 0 attend ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., hearl failure, asthenio, etc. 11 means the disease, regular injury ar complication which coused deoth.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, rise to the above couse (A) stating the UNDERLYING CONDITION lost. remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Idn TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? physic WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) °Z DEATH (notify medical examiner etc.) MEDI obtained (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY Not While While At (APPROX.) and Work At Work 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on ..19 ond that in(my) (our) opinion death accurred on the dote death) must and hour and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. M.D. Med. 0 approval Director 23D. ADDRESS prior 24A. BURIAL CREMATION, DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION eceased REMOVAL (Specify decease

VS 150-REV, 1/1/85

FILE ST., E. C. E. LL ST. IM was that we had not feel for the IMPORTANT

DIRECTOR:

FUNERAL



M-245

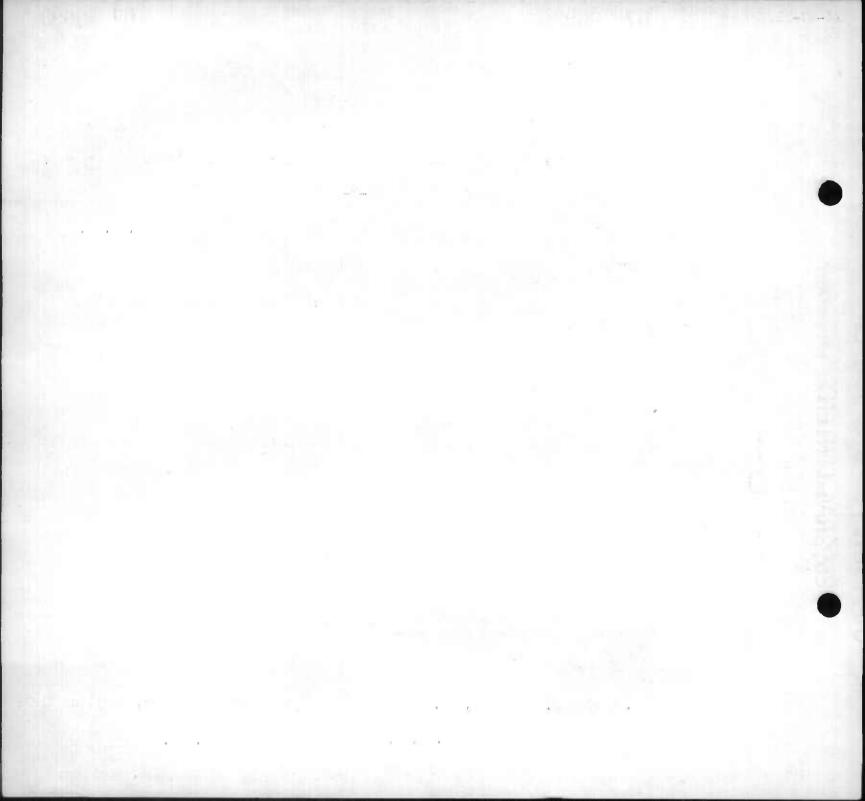
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	0,000	EDICAL EX	AMINER'S C	ERTIFICATI	E OF D	EAIH Registe	red Na	
M.E. CASE NO.		Everett		12	DATE AND	HOUR PRONOUNCE	ED DEAD	
(Type or Print)			McClung Jr.				20/67	4:55 p. M.
3. PLACE IN BA	LTIMORE MARYLAN	D, WHERE PRONOU		A. STATE	cyland		itution: reside	ence before admission
HOSPITAL OR	ADDRESS OR	SSPFIAL OR ANSTIAL LOCATION)	4-27-67		Off outside Baltimo	corporate limits, write	-	give township)
40				D. STREET ADDRES	SS (If rurol,	give location)		
St	t. Agnes Ho				3045 J	anice Ave.		
5. SEX male	6. RACE white	7. MARRIED, WIDOWED, I	NEVER MARRIED DIVORCED (specify) Married	8/20/59		9. AGE (In years lost birthday)		Yr. If Under 24 Hrs.
	of working life, even if re		BUSINESS OR INDUSTRY	South Care		country)	12. CITIZEI WHAT	OF COUNTRY?
13. FATHER'S NA		McClung S	r	14. MOTHER'S MAIDEN NAME  Faye Faulkner				
	SED EVER IN U.S. A	RMED FORCES?	16. SOCIAL	17. INFORMANT			ADDRESS	
No No	wn) (If yes, give wor o	r dates of service)	SECURITY NO.	Femily	7	Same		
118.	1 - 0 0		CALLSE	OF DEATH				INTERVAL BETWEEN
E	7,81		CAUSE	OI DEATH				ONSET AND DEATH
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(This doe	(This does not mean the mode of dying, e.g., DUE TO						0 R00000 0 R00 0 0 0 0 0 0 0 0 0 0 0 0	
injury or	injury or complication which caused death.)							
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S TO THE	IGNIFICANT CONDIT  DEATH BUT NO OR CONDITION CA	T RELATED TO T						
19A. DATE	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
UNDERLYIN	21A, EXTERNAL CAUSE WAS  21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)  UNDERLYING OR CONTRIB-  UTING CAUSE OF DEATH.  21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)  home, form, foctory, street, office bldg., INJURY OCCUR?  etc.)  Water foot of 2500 Blk. Lakeland Ave.							
21D TIME	(Month) (Doy)	(Yeor) (Hour) 2	1 E. INJURY OCCURRED		N DID INJU			
OF INJURY (APPROX.)	1 20 67	4:31 pm.	VHILE AT NOT	WHILE X play	ying on	frozen lal	ke	
22.	ertify that I held a	n Inquiry 🗌	Inspection X Au	tapsy and t	that an this	basis, death in m	ny apinlan	
res	ulted fram: Natur	al causes A	ccident X Suicid	le Hamicide	e U	ndetermined manne	er 🗌	
	1		01	CHIEF MEI	DICAL EX	AMINER .		DATE SIGNED
SIGNA	TURE SUCE	whi.	7. ~ ( M.D	ASSISTANT MEI	DICAL EX	AMINER X		DATE SIGNED
EXAM	INER'S Werne	r U. Spitz	,/M.D.)	ASSOCIATE ME				1/21/67
23A. BURIAL C REMOVAL (Spo Buria	cify)	TE 231 24/67	C. NAME of CEMETERY O	or CREMATORY		cation (City,	d	ounty) (Stote)
24A. DATE REC	D BY HEALTH DEPT.	.,	OF REGISTRAR	24C. FUNERAL			-	DDRESS
	JAN 24 19	167 Real	4 8, Farlyma	McCul	ly F H	237 Pataps	co Ave	21225
VS 151-REV. 1/	1/65	1017	5 / (1)	000	7 6			

Birth Cert. from So. Car. and V.S. 153

C7 0000	BALTIMORE CITY	HEALTH DEPARTMENT		0000	
IRTH NO. D/ UDJO	CERTIFICA	TE OF DEATH	Registered No	p/ 11039	
A.E. CASE NO. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	00	
ype of Print) GRINE L	J. LLIAM		1/22/	671 6 A	
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When		titution: residence before admissio	
FULL NAME OF (If not in hospital or institution, g	live street	Ma		a.a.C.	
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
1/2 00 4 77	D. STREET ADDRESS (If rurol, give locotion)				
Sinai Hosp					
	8. DATE OF BIRTH 9. AGE (In yeors   If Under 1 Yr. If Under 24 His.				
WIDOWED	NEVER MARRIED , DIVORCED (specify)	8. DATE OF BIRTH 2 - 6 - 06	If Under 1 Yr. If Under 24 Hi Months Doys Hours Min.		
A. USUAL OCCUPATION (Give kind of work 10B, KIND OF one during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?	
ne doring most of working the, even it tenred)		MARYLA	110	11 5	
FATHER'S NAME		14. MOTHERS MAIDEN NAM	7,3		
Hann to Control		TOTAL OF			
William Grine . Was Deceased Ever in U. S. Armed Forces?		Edith Ckarl	K.	ADDRESS	
NO (If yes, give wor or dotes of service)	SECURITY NO.	Family	Same		
18. 260 X I	CAUSE OF	DEATH	7.2	INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OF CONDITION DIRECTLY	00	V	+ 1	Olisti Alto otalii	
(This does not mean the made of dying, e.g.,	(A)	NO CHEDIA C	- A LAR	C 17, N 5/5	
heart failure, asthenia, etc. It means the disease,	502 10				
injury or complication which coused death.)	(8)	DIABETES	M	30 um	
ANTECEDENT CAUSES	DUE TO			000	
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the	(C)				
UNDERLYING CONDITION last.	, , , , , , , , , , , , , , , , , , , ,				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or No	208 IF VEC WERE EI	NDINGS CONSIDERED	
TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B.	THE OTERATION	20	IN CERTIFYING CAU	SES OF DEATH?	
	e, lorm, foctory, street, olf	or obout 21C. WHERE DID	(If in Boltimore	City, give exact location!	
OF INJURY	INJURY OCCURRED  le At Not While	21F. HOW DID INJ	URY OCCUR?		
(APPROX.)					
22. I certify that (I) (this hospital) attended th	e deceased from	- 20-671	9 to 1-	22-67 19	
that (1) (we) lost sow the deceased alive on	1 - 22			ion deoth occurred on the de	
ond hour and from the couses stated above. (I	(We) (did) (did not) vi				
23A. SIGNATURE	(3.0 (0.1) 41	5507 51101 0601111		23B. DATE SIGNED	
1. Grand and	M.D. Atter	nding Med.		1-22-67	
23 C. PHYSICIAN'S	Phys	Director Director	Phys.	1-62 01	
NAME (Type)	M.D.	Cala:	1/20		
A. BURIAL CREMATION, 24B. DATE 24C. NA		7 1000 1	17050	1	
REMOVAL (Specify)	ME of CEMETERY or CRE	24D. LC	OCATION (City	, town, or county) (State)	
	edar Hill		A A Co	Md	
SA. DATE REC'D BY HEALTH DEPT. 25B. NAME O		25C. FUNERAL DIRECTOR		ADDRESS	
JUAN 24 1967 P. P. 15	8 Falleman	McCully F H 2	37 Patapsco	Ave 21.225	
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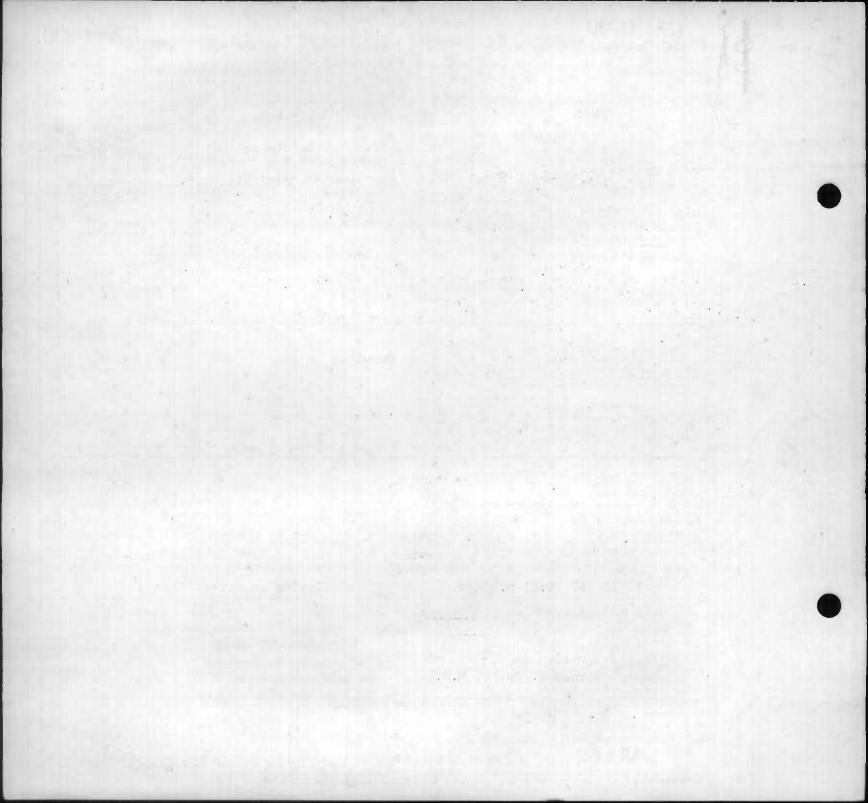
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VS 150-REV, 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT

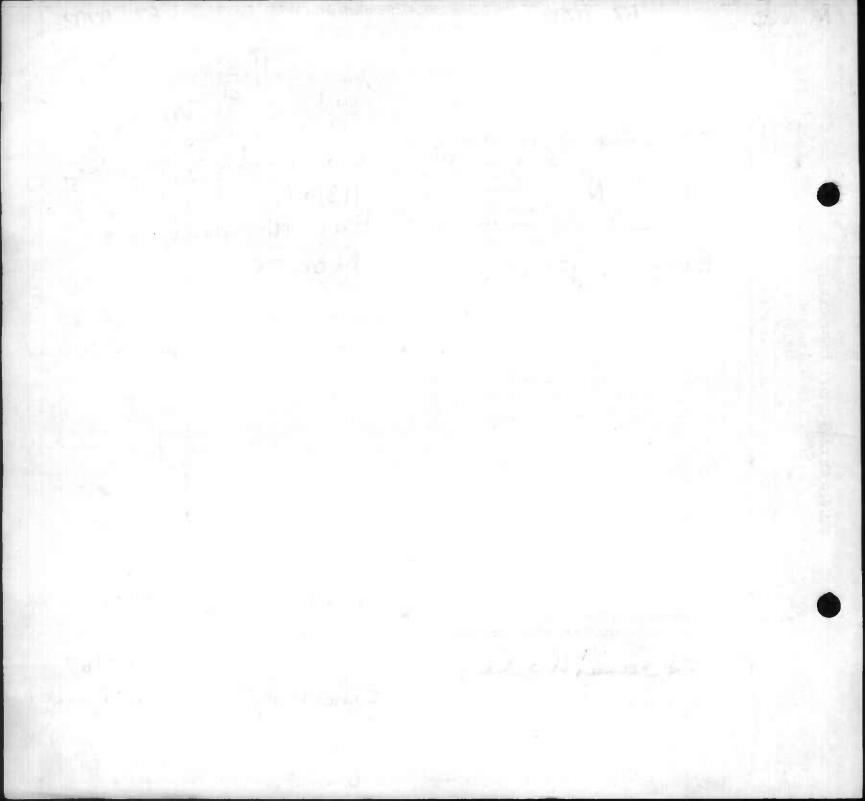
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-	E CASE NO.										
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3. P	LACE IN BALT				INCED DEAD	M HISHAL DESID	EN CE (Where a	deceased lived. If ins		-	M.
						A. STATE	aryland	B. CO	YTNU		
HO	L NAME OF	(IF NOT I	N HOSPITA	L OR INSTITUTION)	THON, GIVE STREET			corporate limits, writ	e RURAL on	nd give towns	hip)
IN 2	TITUTION					F	Baltimor	e	25	-41	/
	1/2	7				D. STREET ADDR	RESS (If rurol,	give locotion)	-		
	7	St	. Agne	es Hosp	ita 1		3037 Ja	nice Ave.			
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					BUSINESS OR INDUSTR	YII. BIRTHPLACE			12. CITIZE		1
don	e during most of v	working life, eve	n it retired)		-	BAT	to. Y	nd.	WHG	5 A	
13.1	FATHER'S NAM	1E	20 (	١.		14. MOTHER'S MA	AIDEN NAME	1 11 11		1	
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	WAS DECEASE				16. SO CIAL SECURITY NO.	17. INFORMANT	)		ADDRESS	J	
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	1B	00			CAUS	E OF DEATH				INTERVAL B	
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	injuly or cor	mplication whi	cn coușea a	eom.i							
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7	UNDERLYIN	NG CONDITI	ON LAST.		(C)						
<u>ē</u>		- 11									
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IFI		R CONDITION			HE						
CERTIFICATION	19A. DATE OF	OPERATION	19B. CONE		WHICH OPERATION	20A. AUTOPSY		208. IF YES, WERE FI			
	O EVTERNIA	CAUGE W				no					
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		ted from: N			ccident X Suich		de U	ndetermined monn	er 🗌		
		1	0	. /			EDICAL EX	AMINER			
	ACTUAL		lone	14	74/-	ASSISTANT MI	EDICAL EX	AMINER X		DATE SI	GNED
	SIGNAT	T.Y.	erner	U. Spit	7, M.D.	ASSOCIATE M				1/21/6	57
	NAME (			/							
	NOVAL (Specify		B. DATE	/ Lm	C. NAME OF CEMETERY	OF CREMATORY	23 D. LC	CATION (City	, town, or c	county)	(Stote)
	BURIN		1-23	-67	edAR Hil	Demet	EKH F	Balto	25	, 7	nd.
24/	A. DATE REC'D	BY HEALTH			OF REGISTRAR	24C. FUNERA	AL DIRECTOR		C A	DDRESS	
	2	JAN 24	1967	R. Pan Fr	E, Farlage	Mal	1 11 10	130 5	root	Aust	30/43
				yenow		1110	7	10001	OKC	· ILACT	14/100



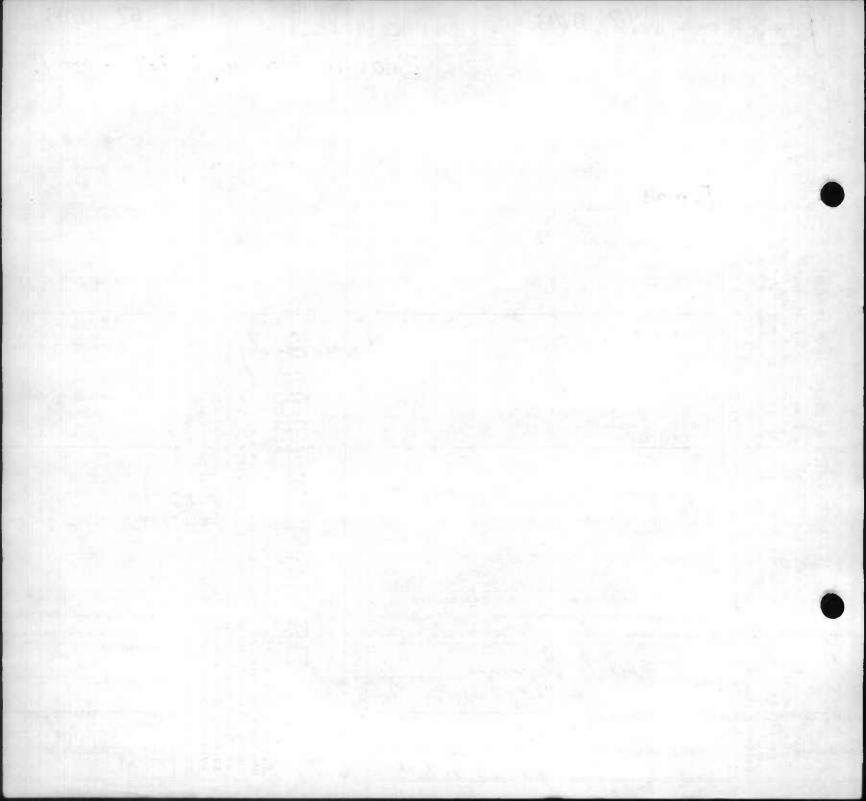
	67 0701			Y HEALTH DEPARTMENT		67 0701
BIRTH NO. M.E. CASE NO.	00000		CERTIFICA	ATE OF DEATH	Registered No	
1. NAME OF DE				\	AND HOUR OF DEAT	Н
		esa Kram			/22/67	N
3. PLACE OF DI	EATH IN BALTIMORE, MA	ARYLAND		A. STATE B. CC	YTAUC	institution: residence before admission
FULL NAME		or institution,	give street		A Co	411.00
INSTITUTION						e RURAL and give township)
rore	st Haven Nurs	rug nome		N Linthic		58-00
40				28 Colonia	יים די	
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr. Manths Days Hours Min.
Female	Cau		o, DIVORCED (specify)  .dowed	July 31,1884	last birthdoy)	Wanins Days Hoors Willis
	CUPATION (Give kind of war if working life, even if retired)	k 108, KIND OF	BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY?
dulle dorring most a	working me, even in terrior,			Md		USA
13. FATHER'S NA		_		14. MOTHER'S MAIDEN		
	1/21	C.			Unk.	
IS. Was Decease	ed Ever in U. S. Armed Fa	rces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	, , , , , , , , , , , , , , , , , , , ,		3000000	Family		Same
	20.11		CAUSE	OF DEATH	-	INTERVAL BETWEEN
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	e, osthenio, etc. Il meons amplication which caused					
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	OR CONDITIONS, if the above cause (A)	(C) O	I was sin a	7 1 6 6	6-6-	
	NG CONDITION last.		大 アイヤ タファアカンナV アー	(677)		
	-11					
OTHER SIGN	NIFICANT CONDITIONS	CONTRIBUTIN	G IE			
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U 21 A. ACCID	ENT WAS UNDERLYING	218	PLACE OF INJURY (e.g.,	in ar obaut 21C. WHERE DI	D (If in Baltim	are City, give exact lacation)
, OR CONTRI	BUTING CAUSE OF	han	ne, larm, factory, street,	office bldg., INJURY OCCUR	?	, ,
U	(Manth) (Day) (Yeori		. INJURY OCCURRED	21E HOW DID	INJURY OCCUR?	
S OF INJURY	(Manth) (Day) (Teor		nile At Nat Wh		INJURY OCCUR:	
(APPROX)		We				/
22, I certif	fy that (I) (th <del>is hospit</del> e	러) attended t	he deceased fram	1.1	19 6 to /	122 19 67
that (I) (wa	e) last saw the deceas	ed alive an	1/21	19 6 2 and	that in (my) (our)	pinian death accurred on the d
			1	view the bady after dea		
23A. SIGNAJ		/ /	, (c) (ala) (ala liai)	view ine bady dire: ded		23B, DATE SIGNED
	1.1.11		M.D. A	ttending Med.	Staff Phys.	-//20
1	· Child	farul_	PH	Director L	Phys.	1/23/6/
23C. PHYSICI NAME	(Type)			23D. ADDRESS		
100	LW IF PL	mul	M.D	3 80 V - 17 11/1/V	VOSON AVE.	VALG. 28, W.D.
24A. BURIAL CE REMOVAL	REMATION, 24B. DATE (Specify)	24C. N	AME of CEMETERY OF C	REMATORY 241	LOCATION	(City, tawn, ar caunty) (State)
Buria		7 F	loly Redeemer		Baltimore	Md
2SA. DATE REC'		25B. NAME	oly Redeemer	2SC. FUNERAL DIRECT	TOR Data	ADDRESS 21 225
	JAN 2.4 1967	A Part	E. Farberma	" Meonity F	H 237 Patapa	sco Ave 21225
VS 150-REV. 1/1	1/65					

March March 1885 March R STONETH HOLLOWS Thomas A State Comment

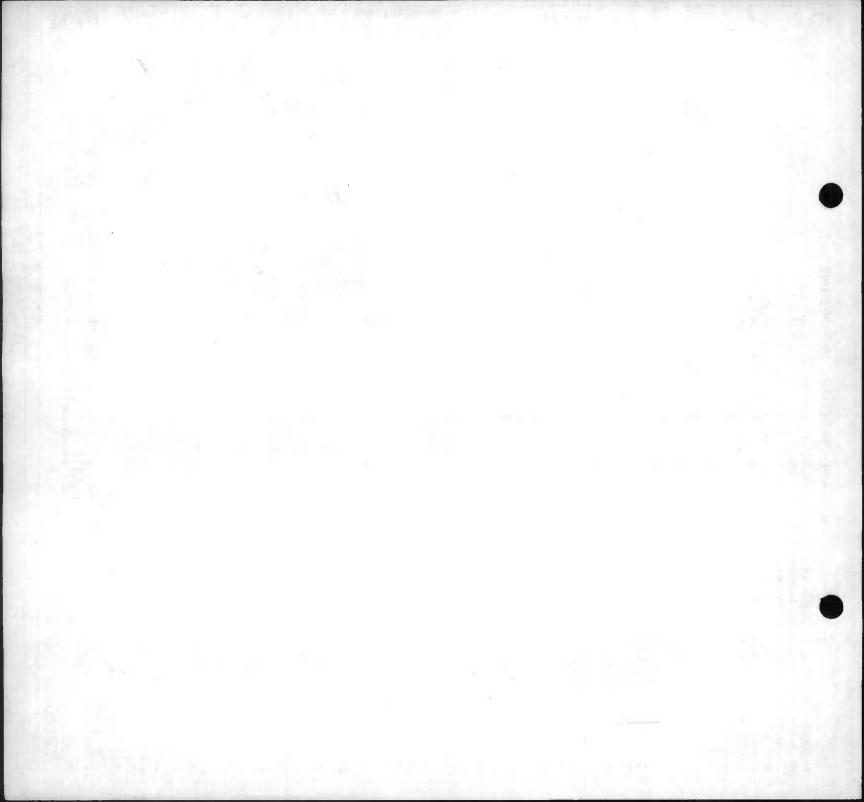
	67 0702 BALTIMORE CIT	Y HEALTH DEPARTMENT 67 0700 \$
	M.E. CASE NO. CERTIFICA	ATE OF DEATH Registered No.
1. I (Ty	1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH IN BALTIMORE, MARYLAND	2. DATE AND HOUR OF DEATH    4/USUAL RESIDENCE (Whele deceased fived. Il institution: residence before admission)  B. COUNTY
Ш	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CHY OR TOWN   Ilf outside city limits, write RURAL and give township)
	Sinci Hospital of Baltimore Inc 42 Baltimore Md	D. STREET ADDRESS (1/ rural, give location)
	5. SEX  6. RACE  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min. 30
dor	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	BALT. MARRIAND USA
	Branon, James	Moore Hilda
15. (Ye	15. Was Deceased Ever in U. S. Afriked Forces? (Yes, no or unknown) (If yes, give war or dates all service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which caused death.)	of DEATH  ONSET AND DEATH  ONSET AND DEATH  SOMU
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	
AT		
RTIFIC	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CALC	OR CONTRIBUTING CAUSE OF  DEATH Inotify medical examiner)  218. PLACE OF INJURY (e.g., home, form, loctory, street, etc.)	in or about 21 C. WHERE DID (II in Boltimore City, give exact location) office bldg., INJURY OCCUR?
MEDI	21D. TIME (Month) (Doy) (Yeor) 1Hour) 21E INJURY OCCURRED While At Not Who Work At Work	21F. HOW DID INJURY OCCUR?
	22. I certify that (this hospital) attended the deceased from that (the lost saw the deceased alive on and hour and from the causes stated above. (We) (did) (did nat)	19 to 19 19
	23A, SIGNATURE M.D. AI	Itending Med. Stoff Phys. 23B. DATE SIGNED
24	PRANCES HARLEY, M.D.  24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY OF C	Sinai Mospital of Bedfingre Re
	REMOVAL (Specily)  25A, DATE REC'D BY HEALTH DEPT.   25B, NAME OF REGISTRAR	JOHNS HOPKINS MEDICAL SCHOOL
	VS 150-REV. 1/1/65	O 7 HOSPITAL DISPOSAL



GM OMOG	BALTIMORE CITY HEALTH DEPARTMENT	F	כחקים לי
BIRTH NO. 67-00488 0103	CERTIFICATE OF DEATH	Registered No.	- 1003
1. NAME OF DECEASED (Type or Print) Baby Gill	BROWN Jane	HOUR OF DEATH	15 P.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where A. STATE B. COUNT	decease lives. If institution	residence befare admission
FULL NAME OF (If not in hospital or institution, gr HOSPITAL OR address or lacotion)		de city limits, write RURAL	ond give tawnship)
South Baltimore GEN	D. STREET ADDRESS IN TO	Round R	2
5. SEX 6. RACE 7. MARRIED, 1 WIDOWED,		AGE (In years If Un Manth	der 1 Yr. If Under 24 Hrs
TEMOLE NEGRO. NEW		N . 13 .	ITIZEN OF
dane during mast of warking life, even if refired)	Baltima		VHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAM		
15. Was Deceased Ever in U. S. Armed Farces?	6. SOCIAL 17. INFORMANT	Goods.	ADDRESS
(Yes, no ar unknawn) (If yes, give war ar dates of service)	SECURITY NO.		
18.776×1	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	To make I		ONSE! AND DEATH
(This does not meon the made of dying, e.g.,	DUE TO	7	**************************************
heart failure, asthenio, etc. It means the disease, injury ar complication which caused death.)	Û		
ANTECEDENT CAUSES	(B)	P-1-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the	(C)		
UNDERLYING CONDITION last.	TO THE STANDARD BANKARD RESIDENCE WITH A RESIDENCE OF THE STANDARD THE WAY OF THE STANDARD ST	PORTO 00 000 000 000 000 000 000 000 000 00	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		4	
19A. DATE OF OPERATION 19B. CONDITION FOR WWAS PERFORMED	HICH OPERATION 20 A. AUTOPSY? (Yes or No.)	20B. IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING 218.	LACE OF INJURY (e.g., in ar about 21 C. WHERE DID	(If in Baltimare City,	
OR CONTRIBUTING CAUSE OF hame	farm, factory, street, affice bldg., INJURY OCCUR?	th in builthure City,	give exect location/
21D. TIME (Manth) (Day) (Year) (Haur) 21E,	NJURY OCCURRED 21F. HOW DID INJU	RY OCCUR?	
(APPROX.) While	Not While At Wark		
22. I certify that 耕(this hospital) attended the	deceased from 19	67 10 /-	19 67
that (1) (we) lost sow the deceased alive on		in(my) (our) opinion de	eath occurred on the do
ond hour ond fram the couses stoted above. (1)	(We) (did) (did not) view the body ofter death.		
Trace P. Amma			- 12 - 67
23C. PHYSICIAN'S NAME/(Type)	M.D. ADDRESS M.D. ANZING Lis	16705 St	PAZE A NID
	TOHNS HOPK	NS MEDICAL	SCHOOL
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR 25C. FUNERAL DIRECTOR	MEDICAL	ADDRESS
0906	In Chara O O 7 HOSPI	TAL DISPOSA	AL
VS 150-REV. 1/JAN 2 4 1967			



67-0/2/9 0704	BALTIMORE CIT	Y HEALTH DEPARTMENT		67 0704
BIRTH NO. 67 U7U4	CERTIFICA	TE OF DEATH	Registered No.	
1, NAME OF DECEASED	Lown	2. DATE AN	DHOUR OF DEATH	11m
3. PLACE OF DEATH IN BACTIMORE, MARYLAND	-	A. STATE B. COUN	e deceased lived. Il i	institution/residence before demission)
FULL NAME OF (If not in hospital or institution oddress or location) INSTITUTION	C. CITY OR TOWN WE OUT		RURAL and give township)	
425INAI HOSP	HAL	D. STREET ADDRESS, (IF	rurol, give location)	Tue (16)
	D, NEVER MARRIED (ED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working lite, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or forei	1	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME  EARL M. E	BROWY	14. MOTHER'S MAIDEN NAM		V Gilbert
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
18. 776 XI		F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		IMMAK	RITY	45 my
heori failure, asthemio, etc. It means the diseas injury ar complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving its to the abave couse (A) stating the UNDERLYING CONDITION last.	(B)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	1B. PLACE OF INJURY (e.g., ome, form, foctory, street, otc.)	in or obout 21 C. WHERE DID thice bldg., INJURY OCCUR?	(II in Boltimo	re City, give exact location)
OF INJURY	Vhile AI Nork At Work	21 F. HOW DID INJ	URY OCCUR?	
22. I certify that (1) (this haspital) attended				
that (1) (we) last saw the deceased alive an			at in(my) (aur) ap	Inlan death accurred an the date
23A. SIGNATURE		ending Med.	Stoll Phys.	23 B. DATE SIGNED
23C. PHYSICIAN'S NAME ITYPEY LIGYD KRA	MER M.D.	23D. ADDRESS	House	SPIJAL
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY OF CR	EMATORY ANA I PARLE	CATION	by towns of security) A Note
25A. DATE REC'D BY HEALTH DEPT. 25B. NAMI	OF REGISTRAR	25C. FUNERAL DIRECTOR	DPKINS M	IEDICAL SCHOOL
JAN 24 196/ 02 1502 VS 150-REV. 1/1/65	DE, damaina	AHUSLI A	T. DISPUS	SAL



or contributing cause of death (4) Undetermined cause; (5) Deceased

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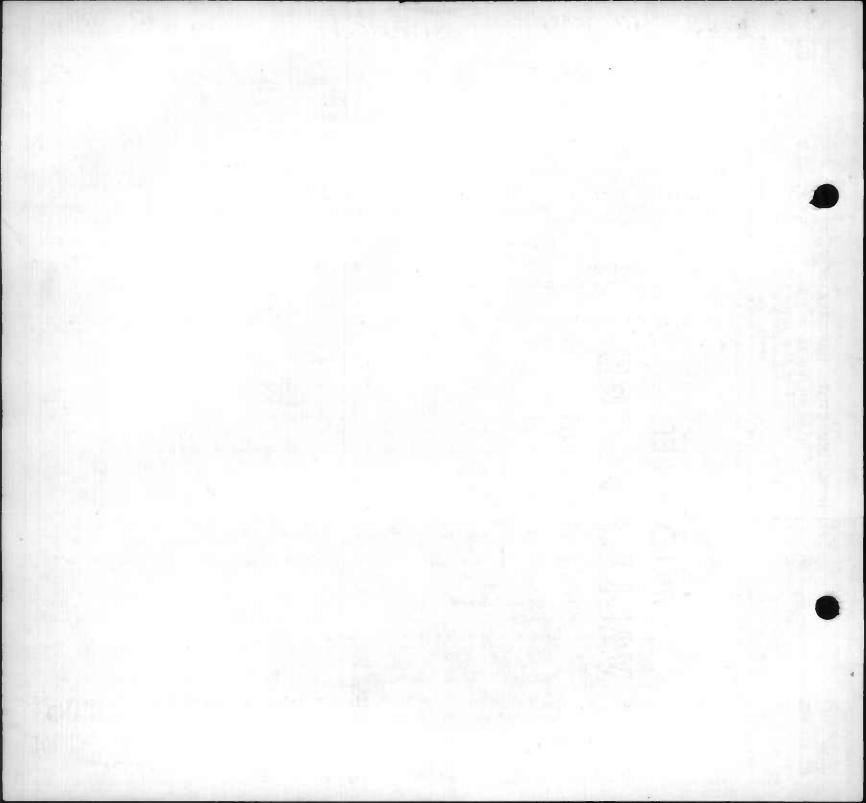
certificate

BALTIMORE CITY HEALTH DEPARTMENT Registered Na BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF CEATH (Type or Print) Baby Boy Kelly 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND Md. (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore #7 D. STREET ADORESS (If rurol, give location) 3004 Wayne Ave., made. 5. SEX 6. RACE B. DATE OF BIRTH MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. WIDOWED, DIVORCED (specify) lost birthdoy) Months Ooys Male 1/1/67 Negro 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF isposition done during most of working life, even it retired) WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Taylor Gloria Kelly 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL final (Yes, no or unknown) (It yes, give wor or dotes of service) SECURITY NO. CAUSE OF DEATH 0 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, osthenio, etc. It means the diseose, injury ar camplication which caused death.) regul ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the the remains UNDERLYING CONDITION lost. П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF CEATH? 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (It in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceosed fram that (1) (we) lost saw the deceased alive an... and haur and from the causes stated above. (1) (We) (did) (did nat) view the body after death. must 23A. SIGNATUR 23 B. DATE SIGNED Attending approval Oirector 23 C. PHYSICIAN'S NAME (Type) 230. ADORESS Sinai Hospital of Baltimore, Robert M. Blum M.O. 24A. BURIAL CREMATION, 24B. DATE

It Under 24 Hrs. Hours 25 Min.

ADDRESS

Baltimore, REMOVAL (Specify) 25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65



258. NAME OF REGISTRAR

BALTIMORE CITY HEALTH DEPARTMENT gistered No. CERTIFICATE OF DEATH

osset

2. DATE AND HOUR OF DEATH

RESIDENCE (Where deceosed lived. If institution; residence before admissia

(If outside city limits, write RURAL

(If gural, give location)

9. AGE (In years If Under 1 Yr.

If Under 24 Hrs. Hours Min, Hours Months Doys 2 7

2. CITIZEN OF WHAT COUNTRY?

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

(If in Baltimore City, give exact location)

and that in my) (aur) apinion death accurred an the date

23B, DATE SIGNED

VS 150-REV. 1/1/65

25A. DATE REC'D BY HEALTH

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BIRTH NO.

(Type or Print)

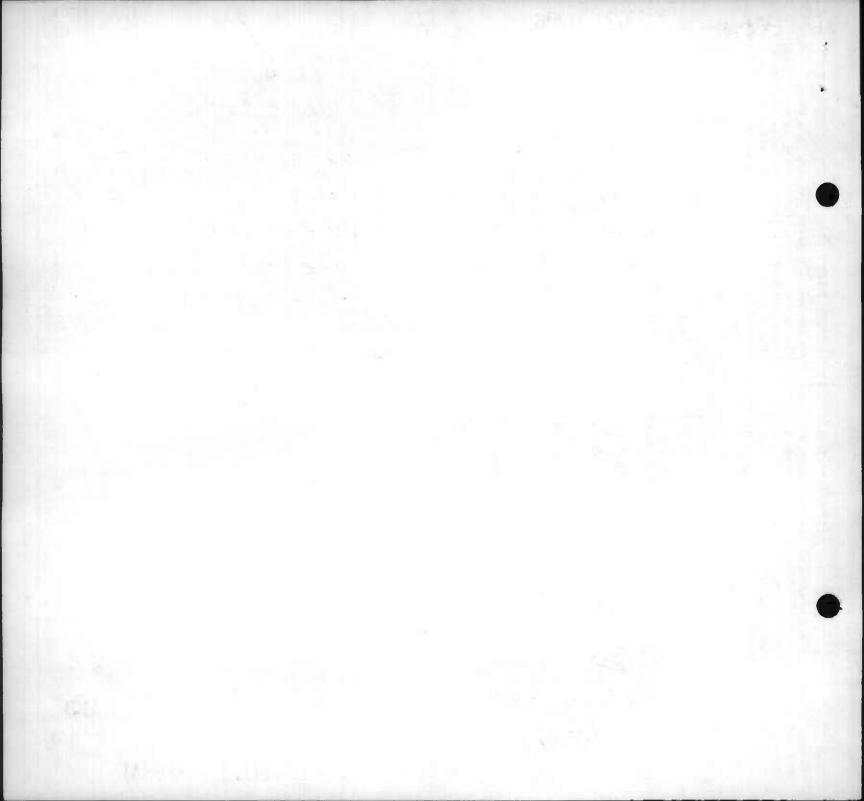
M.E. CASE NO.

3. PLACE OF DEATH IN BALTIMORE

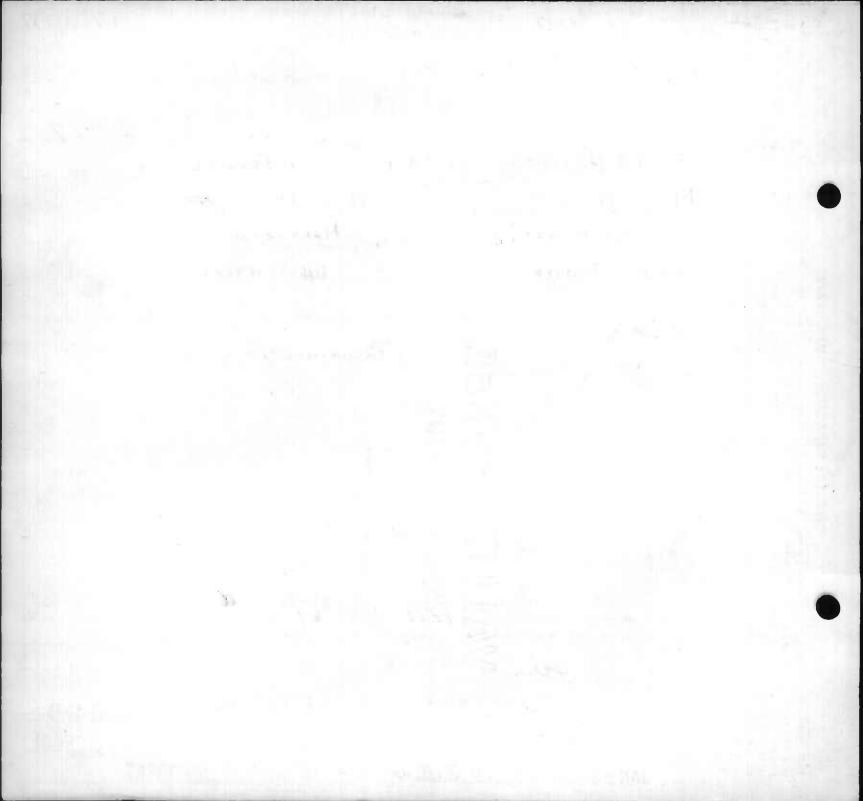
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66-27578	BALTIMORE CIT	Y HEALTH DEPARTMENT		CM	OFIO
IRTH NO. O/ U/U/	CERTIFICA	TE OF DEATH	Registered No.	0/	0/0/
M.E. CASE NO.  I.NAME OF DECEASED  Type or Print)		2. DATE AN	D HOUR OF DEATH		
WHITTENBERG	BABY BOY		1-10-6	7 /6	am N
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	re deceased lived. If institu TY	ution: residence befo	ore odmission
FULL NAME OF (If not in hospital or institution	n, give street	Md. I			
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If out	side city limits, write RUR	AL ond give towns	hip)
		D. STREET ADDRESS (III	rurol, give location)	- 1-1	
SINAIHOSPITAL	OF RALT	50 18 P	almes a		
SEX 6. RACE 7. MARRIE	D. NEVER MARRIED		9. AGE (In years I lost birthdoy)	Under 1 Yr. If I	Under 24 Hrs.
M	TED, DIVORCED Aspection	12-21-66.	Tost biningoy)	20	74111.
A. USUAL OCCUPATION (Give kind of work 10B, KIND one during most of working life, even if retired)	OF BUSINESS OR INDUSTR	11. BIRTHPLA CE (State or forei	gn country)	2. CITIZEN OF WHAT COUNTR	Υ?
STYDENT		MARYLAN	(7)	USA	
FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
RALDH FOSTER.		1.11.77 = 1	VBERG.		
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	r seru.	ADDRESS	
es, no or unknown) (If yes, give wor or dotes of service	SECURITY NO.				
18.776 X I	CAUSE	OF DEATH		INTERVAL B	
DISEASE OF CONDITION DIRECTLY		Para		dec a	lan a
(This does not mean the made of dying, e,	(A) DUE TO	REMATURITY	~^^^	000	(14)
heart failure, osthenia, etc. It means the diseast injury ar camplication which coused death.)	e,				
ANTECEDENT CAUSES	(B)				
DISEASES OR CONDITIONS, if ony, givin	DUE TO				
rise to the above cause (A) stoling the	-	***************************************	***************************************		
ONDERENING CONDITION (US).					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 12	WHICH OPERATION	20 A. AUTOPSY? (Yes of No	208. IF YES, WERE FIN	DINGS CONSIDERE	D
0					
OR CONTRIBUTING CAUSE OF	TR PLACE OF INJURY (e.g., ome, form, foctory, street, tc.)	office bldg., INJURY OCCUR?	(If in Bottimore C	ity, give exact loca	tion)
	1E. INJURY OCCURRED	21F. HOW DID INJ	LIRY OCCUP?		
	While At Not Wh	ile	ok, ocok,		
V	Vork At Work		16	- 17	/ k
22. I certify that (I) (this hospital) attended			19	- 70	196.67
that (I) (we) last sow the deceased alive or		- 1	ot in(my) (our) opinio	n death accurred	on the dat
and hour and from the causes stated above.	(I) (We) (did) (did not)	view the body ofter death.			
23A. SIGNATURE				B. DATE SIGNED	
9 Chen	M.D. At	tending Med.  Director	Stoff Phy s.		
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS			
JOVCE	CHEM M.D	1/4/1/	- HOS PAR	35 1 D 378 A	NID
4A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY OF C	REMATOR NA 240. LO	OCATION CHY.	to ven. at a do untille	Stote)
1/19/6/			DESTRUCT ARED	ICAT CC	HADI
SA. DATE REC'D BY HEALTH DEPT. 258. NAMI	E OF REGISTRAR	25C FUNERAL DIRECTOR	PROP TER	ADDRES	STUUL-
JAN 2 A 1067 10 0	+ Q Fr. D. MA	U THOOP	חתיםות דעים	SAT.	
	THE RESERVE TO SERVE ASSESSMENT OF THE PARTY				
S 150-REV. 1/1/65		4001			



		BALTIMORE C	TY HEALTH DEPARTMENT		OM ONO			
BIRTH NO.	67 0708	CERTIFIC	ATE OF DEATH	Registered Na.	67 0708			
M.E. CASE NO.	CEASED		2. DATE A	ND HOUR OF DEATH				
Type or Print)	Corine	Smith	Janua	ary 16, 1967	9: 2			
B. PLACE OF D	EATH IN BALTIMORE, MA	ARYLAND	4. USUAL RESIDENCE (Who	ere deceased lived. If i	nstitution: residence before admissi			
FULL NAME HOSPITAL O INSTITUTION	R oddress or location		C. CITY OR TOWN (IF or		RURAL and give township			
20		t Hospital Sion Street	Baltimo	ore	15-04			
3	Baltkmore	, Maryland 21217	2526 Pe	ennsylvania	Avenue			
- SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years tost birthdoy)	If Under 1 Yr. II Under 24 H Months: Doys Hours Min.			
Female	Negro	widowed	Mar. 24, 1890	76				
	CUPATION (Give kind of world of world of working life, even if retired)	rk 10 B. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?			
			Maryland		U. S. A.			
13. FATHERS N	AME		14. MOTHER'S MAIDEN NA	ME				
5. Wos Deceas	ed Ever in U. S. Anned Fo		17. INFORMANT		ADDRESS			
fes, no or unkno	wn) (If yes, give wor or do	tes of service) SECURITY NO.	Betty Carson	- friend	same			
1B. 11 -	0,01	CAUSE	OF DEATH	Trrend	INTERVAL BETWEEN			
	18. 420,01 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY							
Dist	LEADING TO DEATH			0.12				
(This does	not meon the mode o	failure						
	heatl failure, osthenia, etc. It means the disease,							
injury or c	injury or complication which coused deeth,)  ANTECEDENT CAUSES  (B) Arteriosclerosis heart disease							
	ANTECEDENT CAUSE	S (B) AT	rerioscierosis no	eart disease				
DISEASES	OR CONDITIONS, if							
	the obove couse (A)	sloling the (C)						
UNDERLYI	NG CONDITION Iosi.							
Z OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING	1					
TO THE	DEATH BUT NOT REL	ATED TO THE Malnu	trition					
19A. DATE		NOTION FOR WHICH OPERATION REFORMED	20A. AUTOPSY? (Yes or N	O) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED			
LI 21A. ACCIE	ENT WAS UNDERLYING		g., in or obout 21C. WHERE DID, office bldg., INJURY OCCUR?	(If in Boltimor	re City, give exact location)			
DEATH Inot	ify medical examiner)	etc.)	, once sings, indoor occor.					
OF INJURY	(Month) (Doy) (Year)	Hour 21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?				
IAPPROX.)		While At Not V						
22. I certi	fy that (1) (this haspita	oi) ottended the deceased from J	anuary 13.	19 67 to Jan	uary 16, 19 67			
	e) last sow the deceas		67		inian death occurred on the d			
ond hour o	and from the couses sto	oted above. (I) (We) (did) (did not	t) view the body ofter deoth.					
23A. SIGNA	TURE A.	hall M.D.	Altending Med. Phys. Director	Stoff X	January 16, 1967			
23C. PHYSIC NAME	IAN'S (Type)	1/	23D. ADDRESS	Phy s.				
	Khaliq	M	P1514 Division	street-Balti	more Alamaryland			
REMOVAL	REMATION, 248. DATE	24C. NAME of CEMETERY OF	CREMATORY 11 4 2404	LOCATIONE TELEC	ity, to up Art douty) (Stote)			
	1119	167	TODAYC STORES	TATTIC:				

25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

ADDRESS

WS 150-REV. 1/1/65

Journal A

## FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

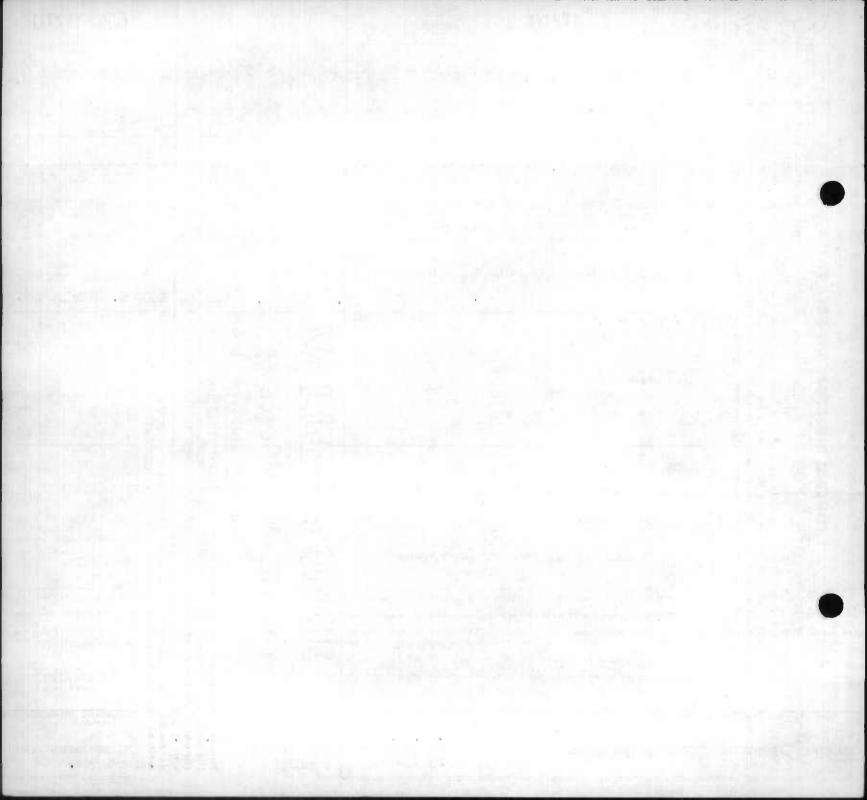
	OF	0500	BALTIMORE CITY	HEALTH DEPARTMENT		GH	OPPO
	H NO.	0703	CERTIFICA	TE OF DEATH	Registered No	() (	0703
1. N	AME OF DECEASED	and T	RUEHART	2. DATE A	AND HOUR OF DEATH	>	230 P.M.
3. P	LACE OF DEATH IN BALTIM	ORE, MARYLAND	1027111	4. USUAL RESIDENCE (WH		titution: resid	ence before admission)
F		haspital ar institution ar lacation)	on, give street	MARVLAND	BALL MILES	URAL and gi	ve township)
4	11 11	. /	1/ /		one frural, give lacation)	12	-04
L		morial,	Hospital	2020	GREENMOU	NT	Ave
S. S	ex 6. RACE		WED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Manths Do	Yr. If Under 24 Hrs. ys Hours Min.
	USUAL OCCUPATION Give ke during mast of working life, even		OF BUSINESS OR INDUSTRY		eign country)	12. CITIZEN	OF COUNTRY?
Joine	Not KNOWN	ii idiido)		Vingini	4	Unix	ed States
13.	FATHER'S NAME	Į.		14. MOTHER'S MAIDEN NA			
	UNKNOWN			UNKN	1.00 ~		
	Was Deceased Ever in U. S. / ,na ar unknawn) (If yes, give w		1 6, SOCIAL SECURITY NO.	17. INFORMANT		AD	DDRESS
t	IN KNOW -			tatient			
	1B. 49/XI		CAUSE O	F DEATH	1		ERVAL BETWEEN SET AND DEATH
	DISEASÉ OR CONDI LEADING TO		A-	ale Linkon	Eumonia		7/10
	(This does not mean the heart failure, asthenia, etc. injury or camplication which	Il meons the disec	ose,	V124 F. (2) VVV	EUMONIA		, NES
	ANTECEDENT		(B)				
	DISEASES OR CONDITIO		ing				
	underlying condition		the (C)				
ERTIFICATION	OTHER SIGNIFICANT COND TO THE DEATH BUT N DISEASE OR CONDITION C	OT RELATED TO		- 4			
FICA	19A-DATE OF OPERATION		OR WHICH OPERATION	20A. AUTOPSYTY IYes or h	10) 20 B. IF YES, WERE FI	NDINGS CO	NSIDERED
ERTI				No			
CALC	2 A. ACCIDENT WAS UNDE OR CONTRIBUTING CAUS DEATH (notify medical examin	E OF	21B. PLACE OF INJURY (e.g., in hame, farm, factory, street, a etc.)	fice bldg., INJURY OCCUR?	(If in Baltimare	City, give ex	iact lacation)
	21D. TIME (Month) (Day	(Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?		
>	(APPROX.)		While At Nat While Wark At Wark	e			
	22, I certify that () (this	hospital) ottende	4 4 5	1-12	19 6 7 to	1-1	2 1967.
11	that 🚜 (we) lost sow the				hot in (🖛) (our) apini	ion deoth c	occurred on the date
		uses stated abave	(We) (did) (did not) v	iew the bady after death			
	23A. SIGNATURE	? Varh	M.D. Atte	ending Med. Director	Staff Phys.	23B. DATE SI	12-67
	PAME (Type)	0	M.D.	23D. ADDRESS	Memor	-01	danit o
24A	BURIAL CREMATION, 24B, REMOVAL (Specify)	13/17	NAME of CEMETERY OF CR	MATORY, 1 24Da	LOCATION WCity	, MAR	out the Authority of Stote)
25 A	, DATE REC'D BY HEALTH D	EPT.  258, NAA	AE OF REGISTRAR	25C. FUNERAL TARTE	EV MEDICA	L SC	HOOL
1234	IAN O A 40		+ 2 Falloma	MUR	TUARY SE	RVICE	- BCHD
VS	150-REV. 1/1/65	101 1166	TE NEWSONA	070		TA SEA	- DOILD

Balkasa . Union Moment Hospital 2020 Carmanior Reco Mole Noge When 3 Widowed Viena Act Karen Od Knima Un Know-Februar + want 40 Arguest in browning a

## FUNERAL DIRECTOR: IMPORTANT

Registered No. TIFICATE OF DEATH BIRTH NO. Such of death Deceased hospital and M.E. CASE NO. 2. DATE AND HOUR OF DEATH or Print) шо death. 4. USUAL RESIDENCE (Where deceased lived. If institution; residence ance B. COUNTY cause; (5) cause (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) write RURAL and give attend 0 INSTITUTION 0 occurred in prior D. STREET ADDRESS contributing Undetermined is made. regular 5. SEX MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. deceased WIDOWED, DIVORCED (specify) lost birthday) Hours work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF death or final disposition WHAT COUNTRY? done during most of working life, even if retired) Die Maker Box Factory WOS 13. FATHER'S NAME the 14. MOTHERS MAIDEN NAME 3 assistant if Lar death LO 15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance 1807 S. Charles St. 219 01 2378 Mrs. Audrey M. White Yes # any CAUSE OF DEATH INTERVAL BETWEEN pronounced ONSET AND DEATH or his DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH fracture (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, the chief medical examiner regular aminer. injury at camplication which coused deoth.) ANTECEDENT CAUSES who DUE TO Gre DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the physician UNDERLYING CONDITION Iosi, the remains SDM CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 0 before 0 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 3 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where (If in Boltimore City, give exact location) to the hospital °N MEDICAL DEATH (notify medical examiner) etc.) nature; be approved by obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not While (except While At (APPROX.) Work At Work and any 22. I certify that (this hospital) attended the deceased from 6. 7 and that in (rest (our) opinion death accurred on the date 1-23 19 pe that (+(we) last saw the deceased alive an.... of death) hospital and haur and from the causes stated above, (1) (We) (did) (did not) view the body after death, must accident 23A. SIGNATURE 23B, DATE SIGNED Attending Med. Stoff M.D. eceased prior to Phy s. Director ___ Phy s. written approval 0 23C. PHYSICIAN'S 23 D. ADDRESS p the body was NAME (Type) An 24A. BURIAL CREMATION. D.O.A. 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) shows: 27 Burial 1967 Balto. U. S. National Balto. Md. 25A. DATE REC'D BY MOS 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS McCully 130 E. Fort Ave. VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

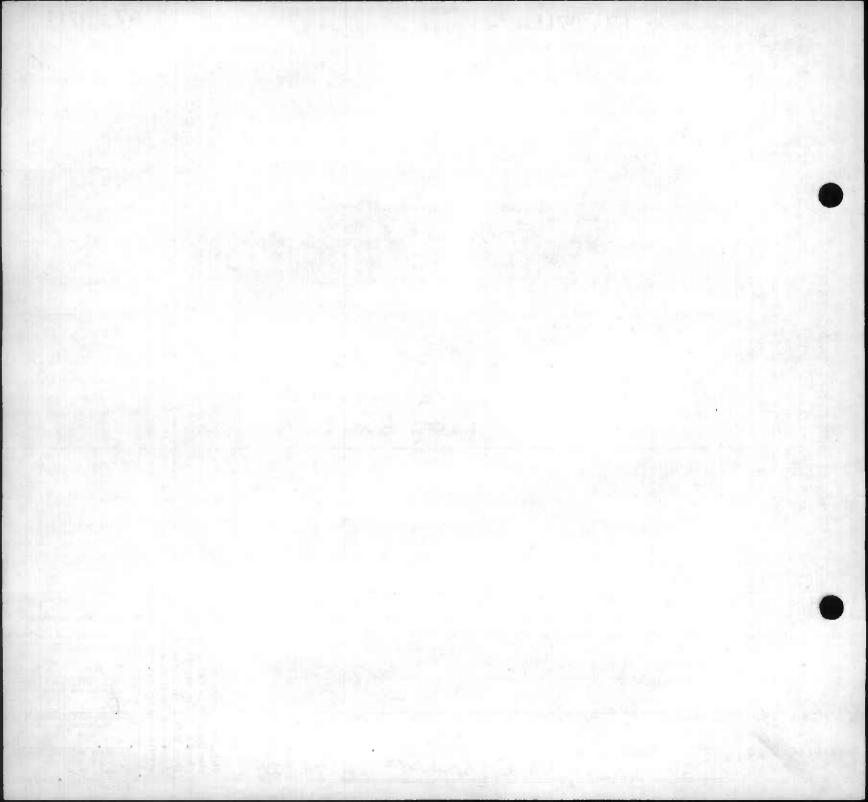


## IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Such

		OP OP 4	4	BALTIM	ORE CITY H	EALTH DEF	PARTMENT			67	0711
BIRT	H NO.	67 071	1	CER1	IFICAT	E OF I	DEATH	Registered N	10	07	U/II
M.I	AME OF DECEA	SED			2			ND HOUR OF DEA	ATH		
	PLACE OF DEAT	A THE !	ME /	1. ho		USUAL RE	SIDENCE (Who		6 4 If institution	on: residen	ce before odmission)
- 1	FULL NAME OF HOSPITAL OR NSTITUTION	(If not in hospital oddress or locatio		ve street	C	. CITY OR	ary la	tside city fimits, w	rite RURAL	o o give,	howishing
0	43	2.17:	2- 6-54		<i>11</i>	STREET A	DORESS (III	Turol, give location	1-	230	
5. 5	EX 6	RACE	7. MARRIED. I	NEVER MARR	170 S.p.	DATE OF B	IRTH	9. AGE (In years	PEE	Inder 1 Yr.	, If Under 24 Hrs.
	USUAL OCCUP	WhitE	SIV	DIVORCED (	specify)	5-7-	OS. CE (Stote or fore	lost birthdoyl	Mon	ths Doys	Hours Min.
don	e during most of wa	rking lile, even if retired)	Seal	7	ess.		1.	Marylar	rd.	US.	A
13.	FATHER'S NAME	, ,	1		14.	MOTHER	MAIDEN NA	ME 0	,	1	
10	405	eph h	ach El	7.			Mari	E NE	23	1EP	
(Ye:	Was Deceased E s, no or unknown)	ver in U. S. Armed Fo If yes, give wor or dot	ces? es ol service)	SECURITY		INFORMA	NT			ADD	RESS
	No					Family	r	Sa	me		
		OR CONDITION DE	RECTLY		CAUSE OF I	DEATH	1		0		T AND DEATH
		EADING TO DEATH I mean lhe made of	dvina e o	(A	du	10	pulm	Mary 80	long	/	ms
	heart failure, a	sthenia, etc. 11 means lication which caused	the disease,		01.10	(	1 1.1	1-6/0	1.		
		NTECEDENT CAUSES		(B)	Mi	N Ca	y deal	Livar	ctron		1 hrs
		CONDITIONS, if		D	UE TO	0	17			-	
	rise to the	abave cause (A)		(0	H	) ( )		0 0 0:00 0 mm www.0 m 0 o m m n n n n n n n n n n n n n n n n n			
	ONDERENING	II									
ATION	TO THE DEA	CANT CONDITIONS ( ATH BUT NOT REL ONDITION CAUSING	ATED TO THE	- Control of the Cont	Diab	(+()	M.	11, tus		7	7
CERTIFICATION	19A. DATE OF C	WAS PER		HICH OPERA	TION	20 A. AUTO	PSY? (Yes or N	O) 20B. IF YES, WI	CAUSES	OF DEATH	SIDERED H?
CAL CI	OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF	21 B. I home etc.)	LACE OF IN.	JURY (e.g., in o	bldg., INJU	WHERE DID JRY OCCUR?	(If in Botti	more City,	give exo	ct locotion)
MEDI	21 D. TIME (	Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCC	URRED	21 F.	HOW DID IN.	JURY OCCUR?			
2	(APPROX)		While		Not While						
	22. I certify ti	hot (++) (this hospito	l) ottended the	e deceased	from	/-	2/	1967 to	/	-2-	2 19 67.
	that (#) (we) !	ost sow the decease	ed olive on	1-	22.	194	ond th				curred on the dote
	ond hour ond	from the couses sto	ted obove. (I)	(We) (did) (	did not) vie						
	23A. SIGNATURI	2. / - <	=1/2					/	23 B.	DATE SIG	NED
	all	but /	Malle		M.D. Attendi		Med. Director	Stoff Phys.	1	- 23	3-67.
	PHYSICIAN NAME (Typ	s lel 1 ha	. 1/		23 🛭	. ADDRESS	1	1 / 0	7	1	
	H/	bert 11	iller.		M.D.	12/3	3 /191	it ST	FrE	ET	
	REMOVAL (Sp		24C. NA	ME of CEMET	ERY or CREM.	ATORY	240. 1	OCATION	(City, tov	vn, or coul	nty) (Stote)
	Burial			Holy Cr	ross	Tace		ooklyn, A.	A. C	o. Md	
254	. DATE REC'D B	THEALTH DEPT.	25B. NAME OF	REGISTRAR	Doughan -		ERAL DIRECTO				DDRESS -
VS	150-REV. 1/1/65	JAN 24 1967	المحاليال	C) 44			Mc Cully		130 E	• For	t ave



67	0712		BALTIMORE CITY HEAL					05	1 0101	
BIRTH NO.	MED	ICAL EX	AMINER'S C	ERTIFI	CATE	OF D	EATH Registe	red Na.	UZ	12
M.E. CASE NO.										
I. NAME OF DE	CEASED	-			2.	DATE AND	HOUR PRONOUNCE	ED DEAD		
(Type or Print)	EDWARD		CURR	Y.		Januar	y 19, 1967	1	5:00 A	AA
	TIMORE, MARYLAND, W			A. STATE	RESIDEN Mary 1		eceosed lived. If insti B. COU	tution: reside	ence before or	mission)
FULL NAME OF HOSPITAL OR NSTITUTION	ADDRESS OR LOCA	AL OR INSTITU ATION)	JTION, GIVE STREET			(If outside	corporate limits, write	RURAL one	give townsh	ip)
Bal	timore City H	lospital	S	D. STREET		S (If rurol, g	ive location)		0/	
51		•					ell Street			
5. SEX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE O		O DOLLLI	· 9. AGE (In years	I If Under	1 Yr. If Under	24 Hrs.
Male	White	WIDO WED,	DIVORCED (specify)			1906	lost birthday)	Months C	oys Hours	Min.
		/	BUSINESS OR INDUSTRY				country)	12. CITIZEI	OF COUNTRY?	1
MECH	working life, even if retired)				mi	2			SIL	
3. FATHER'S NA	ME			14. MOTH	ER'S MAIL	DEN NAME				
	REE CU			AN	MA	LIN	KART			
	ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORA	ANT			ADDRESS		
YES			217-09-942	MAR	IS ARE	KOT	cH 31.	0901	DONAL	LL S
(This does heart foilure injury or co	SE OR CONDITION DI LEADING TO DEATH not meon the mode of costhenio, etc. It meons mplicotion which coused	dying, e.g., the discose, deoth.)		of DEAT		njury.			INTERVAL BE	
DISEASES RISE TO TH UNDERLY!	ANTECEDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) S NG CONDITION LAST.	NY, GIVING	(B)(C)							
O THE	II  NIFICANT CONDITIONS  DEATH BUT NOT RE  OR CONDITION CAUSING	LATED TO T		_						# 0 # 0 0 0 0 0 # # # ###
19A. DATE O	F OPERATION 198, CON WAS PER		WHICH OPERATION	20A. AL	Yes		OB, IF YES, WERE FIN CERTIFYING CAUS		TH2	es
UNDERLYING	L CAUSE WAS MOR CONTRIB- ISE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., , form, foctory, street, , )  Street	in or obout office bldg.,	21C. WH	CCUR?	in Boltimore City, gi		otion)	11
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	D V	VHILE AT NOT AT W	WHILE #		od Milur estrian	struck by	auto.		
	tify that I held an I Ited fram: Natural ca		Inspection Au	tapsy X	and t	_	basis, death In m			
ACTUA	L 01.	, ,	<u> </u>			ICAL EXA			DATE SIG	NED

SIGNATURE_ EXAMINER'S NAME (Type)

M.D. ASSISTANT MEDICAL EXAMINER X ASSOCIATE MEDICAL EXAMINER

1/19/67

Charles S. Petty 23A, BURIAL CREMATION, 23B, DATE REMOVAL (Specify) 23C. NAME of CEMETERY or CREMATORY

24B, NAME OF REGISTRAR 24

BALTO.

(City, town, or county)

ADDRESS

MP

BURIAL 24A. DATE REC'D BY HEALTH DEPT.

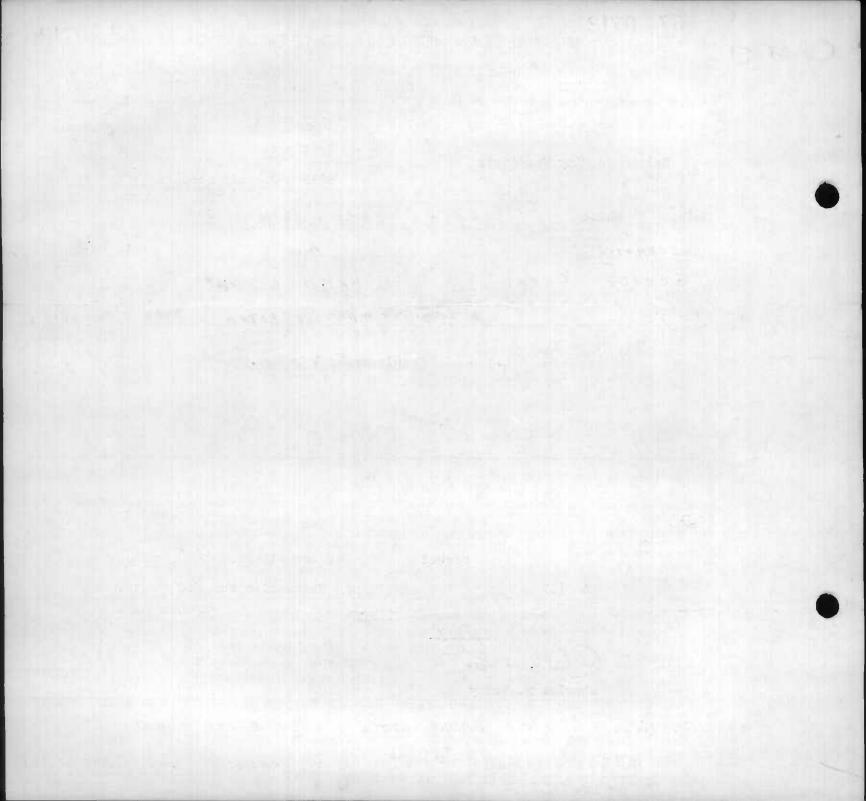
24C. FUNERAL DIRECTOR

300 M.ACE

VS 151-REV. 1/1/65

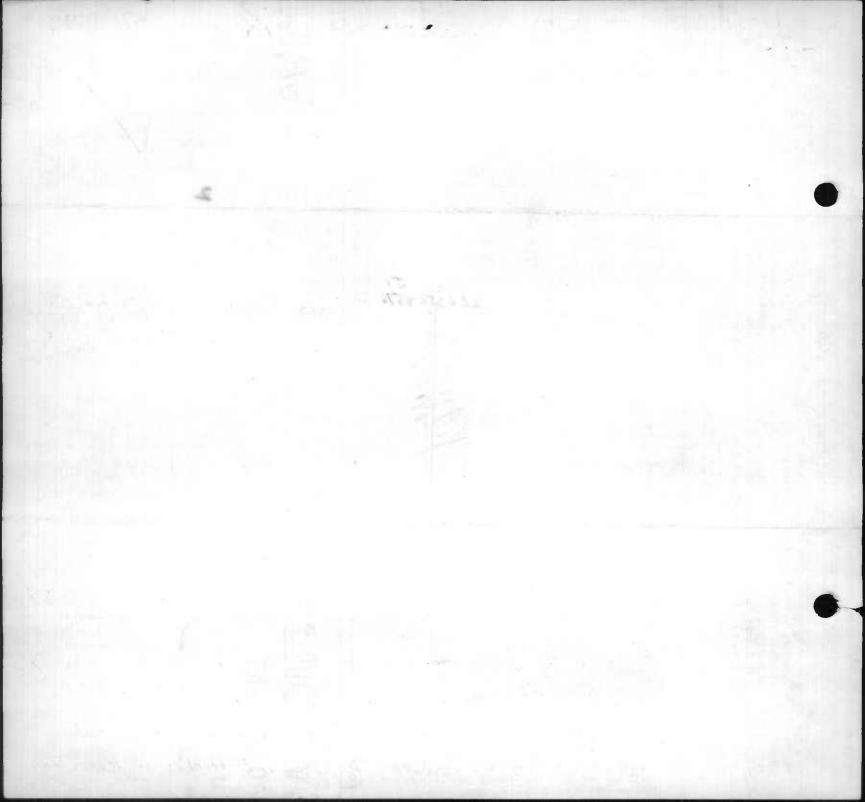
J.E. CONNELLY SONS

23D. LOCATION



and	the of	Such
hospital use of d	; (5) Dece	death.
urred in a	ned cause	d prior to
death occi	Undeterminated	e decease
his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	kind; (4)	and (6) No physician was in regular attendance on the deceased probtained before the remains are embalmed or final disposition is made.
er or his a	ture of any	ar attendo balmed or
al examine	(3) A frac	in regul
hief medica a medica	tody burns,	sician was
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be approve	t of any no	ath); and (st be obtain
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his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was a possible lexibility where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY	Y HEALTH DEPARTMENT	CM OMIC
	NO. 67 0713 CERTIFICA	TE OF DEATH Registered No.	67 0713
1. N.	AME OF DECEASED	2. DATE AND HOUR OF DEATH	111111111111111111111111111111111111111
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY	stitution: residence before odmission)
H	ULL NAME OF (If not in hospital or institution, give street OSPITAL OR oddress or location)	C. CITY OR TOWN Ill outside city limits, write R	CURAL ond give township)
3	8. 1 M. / 11/11	D. STREET ADDRESS (If rurol, give location)	33-00
V	niversity of Maryland Hospital		
5, S	WIDOWED, DIVORCED (specify)	30 Nov 884 9, AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY during most of working life, even if refired)	11. BIRTHPLACE (Store or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. [	ATHERS NAME	14. MOTHER'S MAIDEN NAME	100.
	Lewis 1. towble	Suzie FRANK	
15. V (Yes	vos Deceosed Ever in U. S. Armed Forces?  Ino orunknown) (If yes, give wor or dotes of service)  16. SOCIAL  SECURITY NO.  22.0 \$ 5.76	M. /	San Ka Mel
	IB. T 9 5 / VID / 4 5 5 CAUSE O	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	1 - C H- ++	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g.,	nologous Jerum Hepalli	2 / 0473
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Hiple Transfusions	
	ANTECEDENT CAUSES	1	
	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lost.	sto Intestmal Bleeding	9
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	rcinoma of Colon	
ERTIFIC	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FIN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
U	21 B. PLACE OF INJURY (e.g., or contributing CAUSE OF DEATH (notify medical examiner)  21 B. PLACE OF INJURY (e.g., or contribution) home, form, foctory, street, or etc.)	in or obout 21C. WHERE DID (If in Boltimore bldg., INJURY OCCUR?	City, give exoct locotion)
ō	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
Z	OF INJURY (APPROX.) While AI Not Whi Not Work At Work		1
	22. I certify that (I) (this hospital) of tended the deceased from.	JAN 67 1962 10 22	140 1967
	that (I) (we) lost saw the deceased alive on 22A	19 o and that in(my) (our) opin	nion deoth occurred on the date
	and hour and from the couses stoted obove. (1) (We)((did))(did not)	view the body ofter deoth.	
	A.D. Att	lending Med. Stoff Phys.	23B. DATE SIGNED
(	NAME (Type) : 1 AVIIC M.D.	23D. ADDRESS	ICITANA ITOSO
24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (C)	ly, town, or countyl (State)
7	761/41	remelery BAlto (	o Mcl.
25A	DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ome Hamps Tind
VS	JAN 2 4 1967 12 6 8 Standay	1/10/an -ELINE FUNERAL 18	Md.
	1 7 7 7		



I, NAME OF DECEASED (Type or Print)

ESPARR

LEKI	IIFI	CA	E	OF	DEA	I H/	1
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		2.	DATE	AND
HICHAR	L		~	TAK

ATE	AND	HOU	R	OF	DE	AT	Н	
-	TAA	/	2	1 E.	7	1	96	7

3.	PLACE OF	DEATH I	N BALTIMORE,	MARYLAND		
	FULL NAA		(If not in hosp	pital or institution,	gı	

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY Baltimore PEARYCAND (If outside city limits, write RURAL and give township.

timore,

BRADENAUGH, BRIAN

D. STREET ADDRESS

give location STREET #21219

5. SEX MALE

disposition is made.

embalmed or final

before

obtained

must

approval

death) hospital An accident of

10

prior

deceased

written

0

4

was D.O.A. shows: (1)

was released

he body

certificate

INSTITUTION

MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) NEWER MARRIED

9. AGE (In years 8. DATE OF BIRTH

If Under 24 Hrs. Hours Min. If Under 1 Yr. Months Doys Hours

10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) CHILD

MARYCAND

12. CITIZEN OF WHAT COUNTRY? CL.S. A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME PAULA

BRADENAUGH

15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give wor or dotes of service)

6. SOCIAL SECURITY NO. 17. INFORMANT Eastern Avenue 4940

NU	-		BCH: Records Baltimore, M	aryland # 21224
	OR CONDITION DIRECTLY EADING TO DEATH		RESPIRATORY PARACYSIS	INTERVAL BETWEE
heart failure, a	t mean the mode of dying, e.g., sthenio, etc. It meons the diseose, licotion which caused death,)	DUE 10	SEVERE CEREBRAL DAMAGE	
DISEASES OR	NTECEDENT CAUSES  CONDITIONS, if ony, giving	DUE TO		Core
	obove cause (A) stoting the CONDITION last,	(C)	PRIMERY APREA	
E TO THE DE	CANT CONDITIONS CONTRIBUTING ATH BUT NOT RELATED TO THE ONDITION CAUSING IT.	9 adamson		
19A. DATE OF C	PERATION 198. CONDITION FOR WHICH WAS PERFORMED		YES  20A. AUTOPSY? (Yes of No.)  20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A ACCIDENT	WAS UNDERLYING 218, PLA	CE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (If in Boltimor	e City, give exact location)

21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)

home, farm, foctory, street, office bldg., INJURY OCCUR? 21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

MEDIC/ 21 D. TIME OF INJURY (APPROX.)

(Hour)

While At Not While Work At Work

1967

that (17) (we) last saw the deceased alive an

(Doy)

22. I certify that 🍘 (this hospital) attended the deceased from

and that in (new) (aur) apinian death accurred on the date

and haur and from the causes stated abave. (%) (We) (did) (didinot) view the bady after death. 23A. SIGNATURE

(Yeor)

Attending Phys. 23 D. ADDRESS/1940

Director

Eastern Ave.

Baltimore, Md.

23C. PHYSICIAN'S NAME (Type) MARGARET

Carx Hospithes

67

238, DATE SIGNED

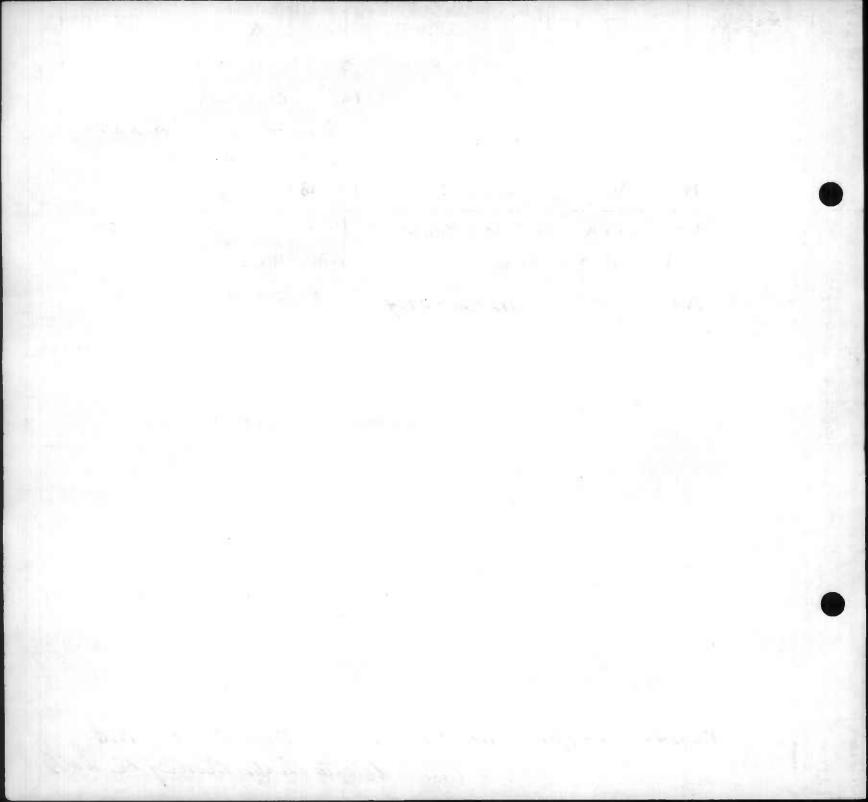
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

VS 150-REV. 1/1/65

ADDRESS

restricted they make the The state of the s 0.000 N. 9 2552 C Ass. move the filter constant

RTH NO	67 071	5	CERTIFICA			Registered Na.	67	0715
	OF DECEASED	- A	2 0 0	270	2. DATE AN	NO HOUR OF DEATH		
(Type or F			R. ROBE			1. 1967		9.40 Am.
3. PLACE	OF DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RES A. STATE	IDENCE (Whe	re deceased lived. If i	nstitution: lesiden	ice before odmission)
	TAL OR oddress or location	or institution, give	street	C. CITY OF TO		LTIMORE  Itside city limits, write	RURAL ond give	3 elts 3.
25	CHURCH HOME	& HOSPITA	rL_	D. STREET AD		rutol, give location)	0122	2-53-00
5. SEX	6. RACE	7. MARRIED, NEV	/FR AAABRIED	B. DATE OF BIE		TY PARKUE		16 H-1- 24 H-
M	W	WIDOWED, DI	VORCED (specify)	7.31.	1878	lost birthdoy)		Hours Min.
	AL OCCUPATION (Give kind of work g most of working life, even if retired)			11. BIRTHPLAC	E (State or fore	ign country)	12. CITIZEN C	OUNTRY?
	UMBERMAN	LUMBER	YARD	MD	•		An	1R.
13. FATHE	ERS NAME			14. MOTHER'S				
	PETER FISH	CHER		MA	IKY HI	<u></u>		
	Deceased Ever in U. S. Anned For unknown)(If yes, give wor or date		SOCIAL SECURITY NO.	17. INFORMAN		7,4		RESS
N	10 -		26-2774		etherce	t HOME o	HOSPITA	1
1B	286.31+0	021	CAUSPO	F DEATH				RVAL BETWEEN ET AND DEATH
	DISEASE OR CONDITION DIF LEADING TO DEATH	RECTLY	(4)	2.cute	Pueno	nonia	2	days
	does not mean the made of foilure, osthenia, etc. It meons		DUE TO			*********************************		J
	y or complication which caused		No	ssible	acute	M.I.		et man
	ANTECEDENT CAUSES		DUE TO		**************	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0		.,
rise	ASES OR CONDITIONS, if to the obove cause (A) DERLYING CONDITION lost.		(c) <u>ma</u>	lnutvilu	in c	old halm. T.	8.	
AT DISE	ER SIGNIFICANT CONDITIONS C THE DEATH BUT NOT RELA ASE OR CONDITION CAUSING I	TED TO THE	_					-
STEELS ISA	DATE OF OPERATION 198. CON	FORMED WHICE	CH OPERATION	20A. AUTOP	SY? (Yes or N	IN CERTIFYING C		
0 21 A.	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF H (notify medical examiner)	218. PLA home, fo	CE OF INJURY (e.g., i	fice bldg., INJUR	WHERE DID	(If in Boltimo	e City, give exo	ct locotion!
D 21 D. 1	TME (Month) (Doy) (Yeor)		URY OCCURRED	21 F. H	IOM DID IN	URY OCCUR?		
(A PP	- Andrews	While A	Not Whill	e				
22. 1	certify that (I) (this hospital	) attended the d	eceased fram	. (7,		19 <i>5</i> 7 to	1. 21	1967
1	(l) (we) lost saw the decease					not in (my) (our) op		
	hour and fram the couses sta							
	SIGNATURE	A		1000000			23 B. DATE SIG	SNED
	asellen	$\Lambda$	M.D. Atte	ending	Med. Director	Stoff Phys.	1-1	21-67
23 C. P	PHYSICIAN'S NAME (Type)	1/1 01 2010	/	23D. ADDRESS,	H	A	,	
	IAL CREMATION, 248. DATE	24C. NAME	of CEMETERY OF CR	MATORY	24D. L	OCATION (C	City, town, or cou	enty) (Stote)
REM	RIPL 1/24/6	7 MA	K LAW		R	OLTO. CO		1
25A. DAT	E REC'D BY HEALTH DEPT.	25B. NAME OF RE	EGISTRAR	25C. FUNER	AL DIRECTO	1		DDRESS
	JAN 24 1967	Obser 8	, standay MA	Walte	5 /sur	De Rebol	ley ite	WELLEN
VS 150-RE	EV. 1/1/65			0 ,	1		7	



## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	OH OHIAO	BALTIMORE CITY	HEALTH	DEPARTMENT		
	4 NO. 67 0716 CASE NO.	CERTIFICA	TE C	F DEATH	Registered No	67 0716
1. N	AME OF DECEASED			2, DATE AN	D HOUR OF DEATH	/
		ONA BURK			21-67	6.25 P.M.
3. P	LACE OF DEATH IN BALTIMON MARYLAND		A. STAT	AL RESIDENCE (Where	e deceosed lived. If inst TY	itution: residence before odmission)
H	ULL NAME OF (If not in hospitol or institut OSPITAL OR oddress or locotion) ISTITUTION	ion, give street	c. CITY	d. &	Balto. Co is side city limits, write RL	21222
1	MORTH CHARLES	GENERAL	4	BALTIME	TE DUN	12ALK 33-00
1		HOSPITAL	D. STRE	Flagshi	prol, give locotion)	
5. \$1	WIDC	NED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE	. /	P. AGE (In years ost bighday)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
4 4	EMALE CAUCASTAN N	1ARRIED	9-	29-1910	56 ym.	
	USUAL OCCUPATION (Give kind of work 10B, KINI during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRT	HPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
1	fousE WIFE			W. Va.		U.S.
13. F	ATHERS NAME		14. MO	HERS MAIDEN NAM	ME APROY	
	SOHN, BERK	BURKE	1	HATTIE	HERDIT	
15. V	/as Deceased Ever in U.S. Armed Forces? no or unknown) (If yes, give wor or dotes of servi	16. SOCIAL SECURITY NO.	17. INFO	RMANT		ADDRESS
	10-	110000	F	H. HAR	MON	same.
_	IB. / O > Y	CAUSE O	F DEATH	1		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		>	re mia.		ONSET AND DEATH
	LEADING TO DEATH (This does not mean the made of dying,	e.q., DUE TO	U	12 1094.	******	i month.
	heart failure, asthenia, efc. It means the dise		10	- 0	+ + + 0	
	ANTECEDENT CAUSES	(B)	//	no- 6011	'e fistul	7
	DISEASES OR CONDITIONS, if any, gi	DUE TO				
	rise to the above cause (A) stafing UNDERLYING CONDITION last.					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE				
	WAS PERFORMED	OR WHICH OPERATION	20 A.	AUTOPSY? (Yes or No)	20B. IF YES, WERE FILL	NDINGS CONSIDERED SES OF DEATH?
G	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	n or obou	21C. WHERE DID	(If in Boltimore	City, give exact location)
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	rtice bidg.	INJURY OCCUR?		
ā	21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED		21F. HOW DID INJU	JRY OCCUR?	
5	OF INJURY (APPROX.)	While At Not While At Work		42.13		
	22. I certify that (I) (this hospital) attend			1	9to	19
	that (I) (we) lost saw the deceased alive	on	19			on death accurred on the date
	and haur and from the couses stated obav	e. (1) (We) (did) (dld not) v	iew the			
	23A. SIGNATURE	11. 11			-	23 B. DATE SIGNED
	Chanthana Sudo	Chimendalan Atte	ending _	Med. Director	Stoff Phys.	1-21-67
	PEODORE O	CAQUIN M.D.	NOR	TH CHAR	LES GEN	ERAL HOSPITAL
24A	BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY or CRE	MATORY	24 D. LC	CATION (City	, lown, or county) (State)
1	JURIAL 1/24/67	OAK LAW,	N	BA	1150.Co	, md
25A	DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C.	FUNERAL DIRECTOR	1.8 1	Le De lott, nd.
VCI	JAN 2 4 1967 () 2 50-REV. 1/1/65	OF SINGBOOK	Ne	LE KING	er produce	y, Newood, Res
+ 3 I	20-11-11-11-02					

The second of the second of the second NOTED STATES STATES ARE THE STATES WITHOUT 371/m 3 1 make JOHN BEFER B. L. PERMINE TO PROBLEM STATEM CONTRACT & CASCACTOR

VS 150-REV. 1/1/65

Such

. 67 0717	BALTIMORE CITY	HEALTH DEPARTMENT		CM OFUR
BIRTH NO.	CERTIFICAT	TE OF DEATH	Registered Na	0/ 0/17
M.E. CASE NO.  1. NAME OF DECEASED MYER, EDG.  (Type or Print)	AR RU		THN. 196	7 2 PM
3. PLACE OF DEATH IN BALTIMORE MARYEAND,	IDED	4. USUAL RESIDENCE (Where A. STATE B. COUN) MARY LITT	e deceased lived, If inst	itution: residence before odmission)
HOSPITAL OR oddress or locotion) INSTITUTION  UNION MEMORIAL	HOSPITAL	7000 0 000 0 0 000 0	ORE	JRAL and give township)
44		D. STREET ADDRESS (IF	rural, give location) NOOD M6	PUNT AVE.
MILL WHILE W	ARRIED	06-18 1888	18	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS done during most of working life/even if retired)	Sozot	1. BIRTHPLACE Stote or foreign was Virginia	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		4. MOTHERS MAIDEN NAM	LA RIC	CE
	SOCIAL SECURITY NO.	7. INFORMANT	(1):0.	ADDRESS THE
18. 1 2 0 1 1	CAUSE OF	DEATH	W Lamye	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Acu	Le Myocard	al inforce	1
(This daes nat meon the made of dying, e.g., heart failure, osthenia, etc. It means the disease,	DUE TO		1	
injury ar camplication which caused deoth,)  ANTECEDENT CAUSES	(B)	onic conge	estive	Byears
DISEASES OR CONDITIONS, if any, giving	Ash	erosclero ho	carlino	
rise to the above cause (A) stating the UNDERLYING CONDITION last.	Vasc	erroscleration	ase	- 10 years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WHICE WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B, PLA	H OPERATION	20A. AUTOPSY? (Yes or No.	208, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
	CE OF INJURY (e.g., in rm, foctory, street, offi	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
-	t Not While	21 F. HOW DID INJU	URY OCCUR?	
22. I certify that (I) (this haspital) attended the d		- //	967 to 1.	- 21 1967.
that (I) (we) last saw the deceased alive an			at in (my) (aur) apini	an death accurred an the date
and haur and from the causes stated above. (1) (W	a) (did) (did nat) vi	ew the bady after death.		238, DATE SIGNED
traffotow / Sporm	M.D. Atten		Stoff Phys.	1-21/67
23C. PHYSICIAN'S NAME IT DE TOLOGETHA RECORDER N	SSON M.D.	DA Address	ALD ROPE	a) to SPITHL
REMOVAL (Specify)	of CEMETERY of CREA			, town, or county) (State)
Burial 1/24/67 Roc 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RI	kville	25C. FUNERAL DIRECTOR	ckville	Marylan 133koBask.Pike
JAN 24 1967 12 6 8	Farbains ?		Funeral Ho	ome Rockville, Md

Such

prior to death.

a hospital and

-dmu			BALTIMORE CITY	HEALTH DEPARTMENT		67 0718
BIRT	н но. 67 07	118	CEDTIEICA	TE OF DEATH	Registered Na	01 0110
	L CASE NO.		CERTIFICA	TE OF DEATH		
1, N	AME OF DECEASED			2. DATE A	ND HOUR OF DEATH	
,	Levi	L Linto	n		21,1967	M
F	PLACE OF DEATH IN BALTIMO FULL NAME OF (If not in Identity of Iden	nospitol or institution	on, give street	A, STATE B. COU  Md  C. CITY OR TOWN (IF a	NTY	stitution; residence before admission)  RURAL and give township)
	So Balto Gen Hos	P	100		f rurol, give locotion)	25-04
5. S	fale Cau	WIDO	ED, NEVER MARRIED WED, DIVORCED (specify)  arried	Mar 4,1898	9. AGE (In years lost birthdoy)	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	. USUAL OCCUPATION (Give kin e during most of working life, even if	retired)	of Business or Industry  h Steel		eign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	-		14. MOTHER'S MAIDEN N.	AME	
	Charles	H Linton		Susanna Kee	fer	
15. (Yes	Wos Deceased Ever in U. S. Ar s,no or unknown) (If yes, give wo	med Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			Family		Same
	DISEASE OR CONDITI LEADING TO (This does not meen the m	DEATH	CAUSE O	F DEATH	hal Safarch	ONSET AND DEATH
	heart failure, asthenia, etc. It injury ar complication which	means the disec coused death.)	ise,	kronlista		
	DISEASES OR CONDITION rise to the above caus UNDERLYING CONDITION	S, if ony, give (A) slating				
ATION	OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CA	T RELATED TO				
ERTIFIC	0	AS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL CE	21 A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE DEATH (notify medical examine	OF	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C.WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exect locetion)
EDI	21 D. TIME (Month) (Doy)	(Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID IN	HJURY OCCUR?	
S S	OF INJURY		While At Not Whi	le 🗔		

OF INJURY (Hour) (Month) (Doy) (Year) 21 E. INJURY OCCURRED While At (APPROX.)

At Work Work 22. I certify that (I) (this hospital) attended the deceased fram

and that in (my) . (our) apinian death occurred on the date

and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death.

23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)

that (1) (we) last saw the deceased alive an

Attending Phys. Med. Director M.D. 23D. ADDRESS

238 DATE SIGNED

Benjamin Berdann, M.D.

M.D. 5010 A Ritchie

Highway, Baltimere, 24D. LOCATION

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

Glen Burnie Md ADDRESS

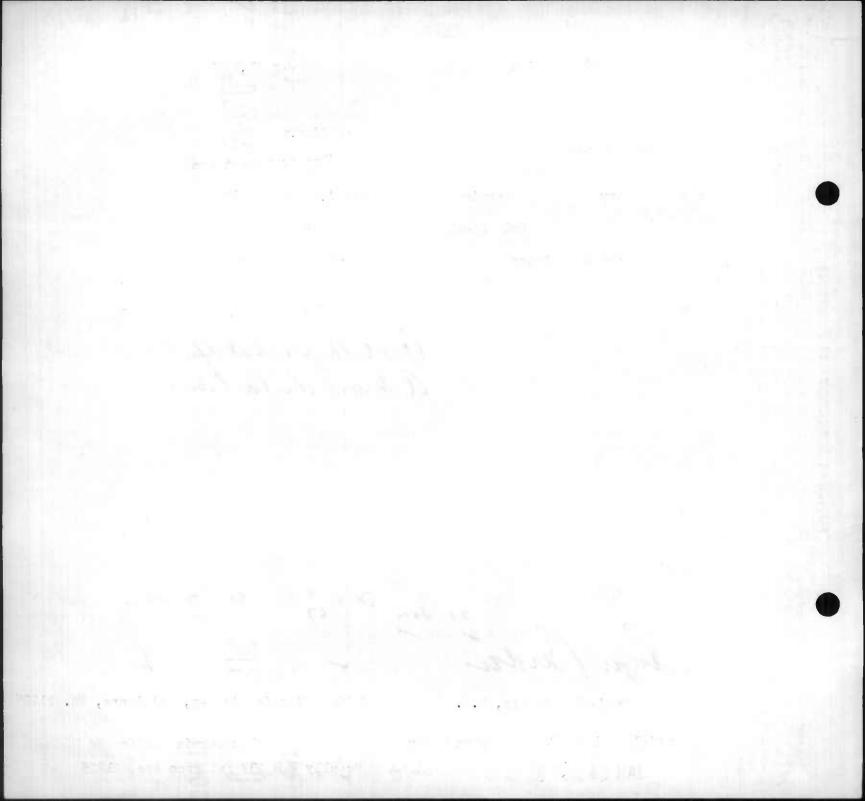
Glen Haven

258. NAME OF REGISTRAR

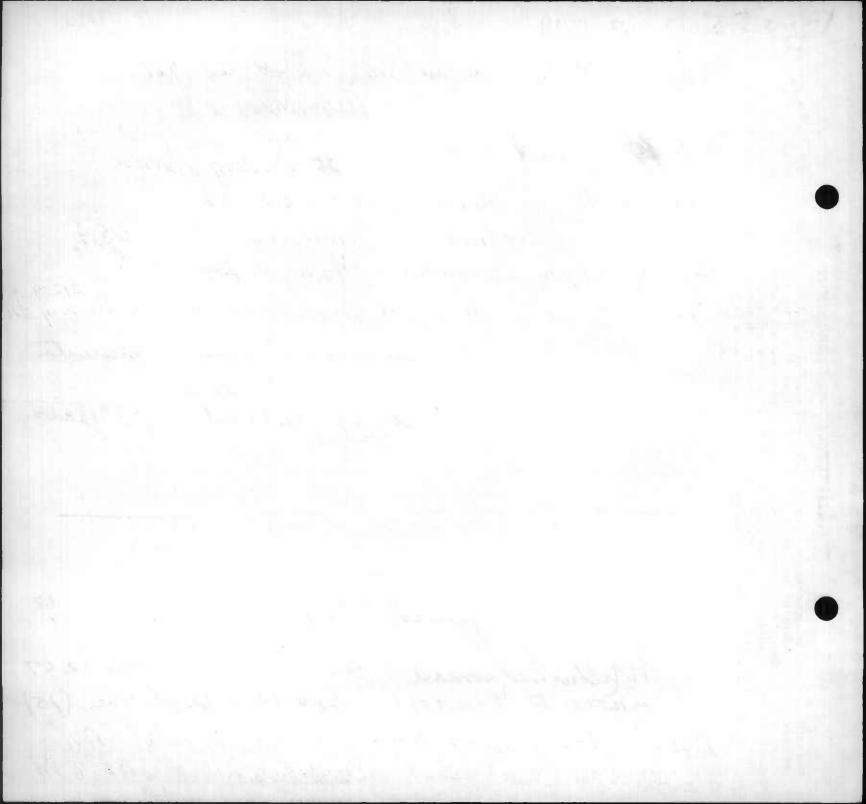
Control of Station Market Burial 1/25/67

McCully F H 237 Patapsco Ave 21,225

VS 150-REV. 1/1/65

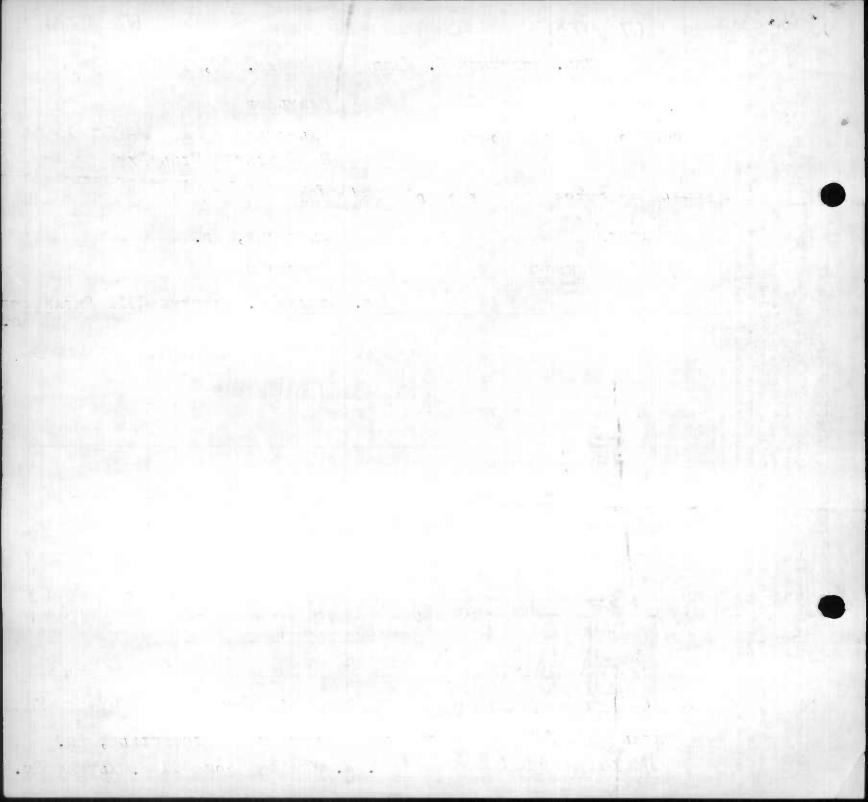


	BALTIMORE CITY	HEALTH DEPARTMENT	6	7 0719
акти но. 67 0719	CERTIFICA	TE OF DEATH	Registered No.	073.0
I. NAME OF DECEASED (Type or Print)	C 2 1	2. DATE AN	D HOUR OF DEATH	
3. PLACE OF DEATH IN BALTIMORE MARYLAND	- OURNHAI	MA LISHAL RESIDENCE (When	20 196	M. utian; residence before admission)
		A. STATE		origin residence before garinssign
FULL NAME OF (If not in hospital or instit HOSPITAL OR address or lacation) INSTITUTION	ution, give street	C. CHY OR TOWN (If aut	side city limits, write RUI	RAL and give township)
11 / /	1.1000	Deltimone		27-15
5530 Newbury	FIVENUE	5530/len	Dive locotion)	Phu
5. SEX   6. RACE   7. MA	RRIED, NEVER MARRIED	8. DATE OF BIRTH		f Under 1 Yr. If Under 24 Hrs. Nanths: Days Haurs Min.
Wiele White 11.	12RRIED	Jent. 3 1880	86	
10A. USUAL OCCUPATION (Give kind of wark 10B. KII dane during most of warking life, even if retired)	AD OF BOSINESS OR INDUSTRY	11. BYRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	21/105d	14. MOTHER'S MAIDEN NAM	A E	03/1
Elilh Fishnow	Burnham	Mapa A	LPP	
15. Wos Deceased Ever in U. S. Armed Farces? (Yes., pp og/unknown) (if yes, give war ar dales af se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	/	ADDRESS 21209 1
1/0 -	717-07-6361	Illara H Bu	RNHAM 5	503 Newburn Hu
18. 4 20,11	CAUSE O	F DEATH /		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Car	more ocalu	sem	niemento
(This does not meen the made of dying, heart failure, asthenia, etc. It meens the dis				
injury or complication which coused death.)	Aslow	mary occlusive He	ailducan	
DISEASES OR CONDITIONS, if any,	giving DUE TO	conslete h		3 mars
rise to the obove couse (A) stoling UNDERLYING CONDITION tost.	The (C)	like		Je
ll ll				
OTHER SIGNIFICANT CONDITIONS CONTRIES TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.				
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE FIN	DINGS CONSIDERED
		L date willer pin		
OR CONTRIBUTING CAUSE OF  DEATH (natify medical examiner)	21B. PLACE OF INJURY (e.g., i home, farm, factory, street, o etc.)		(It in Baltimare C	ity, give exact lacation)
D 21D. TIME (Month) (Day) (Year) (Hour	21E. INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
OF INJURY (APPROX.)	While At Work At Work	e		
22. I certify that (I) (this haspital) atten		<u> </u>	863 10 Jas	20 1967.
that (1) (we) last saw the deceased alive	on Jan 20			on death occurred on the date
and hour and from the couses stated abo	ve. (IV (We) (did) (did not)	iew the body ofter death.		
23A. SIGNATURE	M.D. Atte	ending Med.	Stoff 2	PATE SIGNED
23C. PHYSICIAN'S WITH LC	Xonnau Phy	23D. ADDRESS	Phy s.	Jun and - 1
MILTON E.	LOWMAND	4843 Va	in Heent	o her (15)
24A. BURIAL CREMATION. 24B. DATE	4C. NAME of CEMETERY OF CR	MATORY 24D. LO	CATION (City.	laivn, ar county) (State)
11 // / / / / / / / / / / / / / / / / /	/			/ N1/
19Ur/21 1-23-67	Druid Ridge	Cem. Pik	esville, 132/5	6 Co. Mil
25A, DATE REC'D BY HEALTH DEPT. 25B, N.	Druid Kidgi AME OF REGISTRAR	25C. FUNERAL DIRECTOR	esville, 132/1	ADDRESS Palle Rel

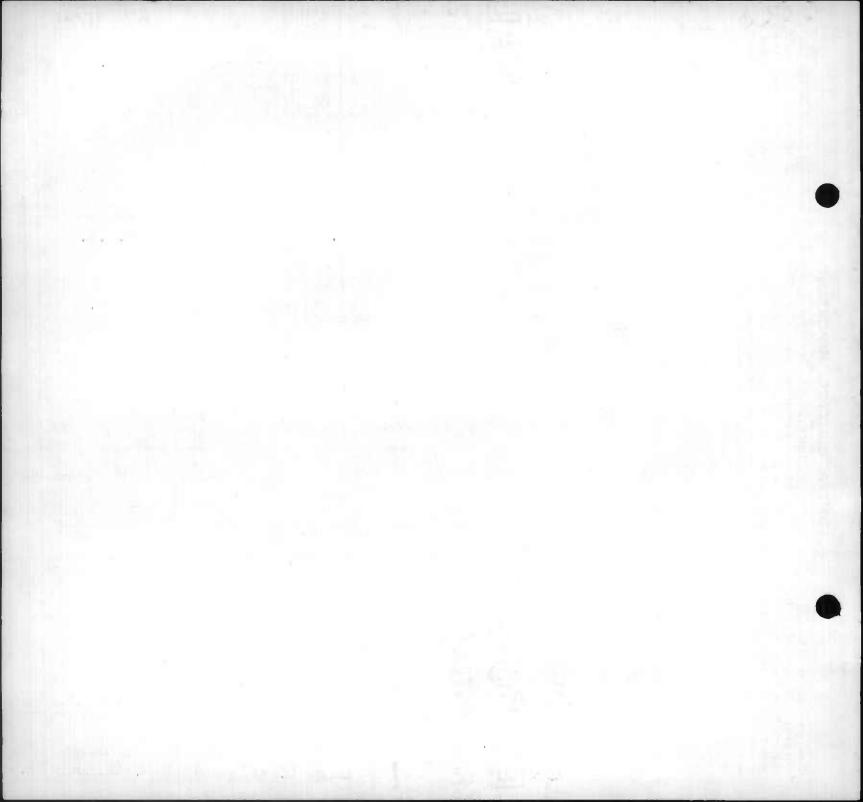


VS 150-REV. 1/1/65

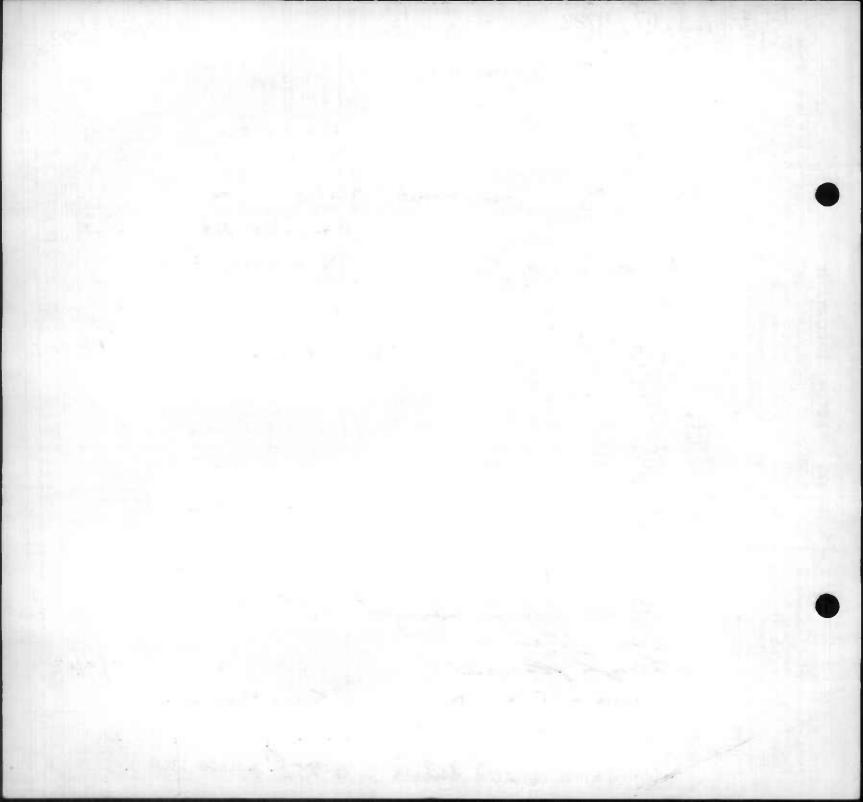
BALTIMORE	E CITY HEALTH DEPARTMENT
BIRTH NO. 67 0720 CERTIFI	ICATE OF DEATH Registered No. 67 0720
1.NAME OF DECEASED	2. DATE AND HOUR OF DEATH
TIRS. HORTENSE A. W	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Whare deceased livad. II institution: residence before admissia A. STATE B. COUNTY
FULL NAME OF (If not in hospital ar institution, give street	MARYLAND
HOSPITAL OR address ar location)	C. CITY OR TOWN (If autside city limits, write RURAL and give township)
EDGEWOOD NURSING HOME	D. STREET ADDRESS (If tural, give location)
HDGEWOOD NORSING HOME	
70	2802 SILVER HILL RVE
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (space	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hi
FEMALE WHITE WIDOWED	6/24/91 75
IGA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IND dane during mast of warking life, even if retired)	USTRY 11, BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	D
HOUSEWIFE  13. FATHERS NAME	14. MOTHER'S MAIDEN NAME
UNKNOWN	UNKNOWN  17. INFORMANT ADDRESS
15. Was Decaased Ever in U. S. Armed Farces? (Yes,na arunknawn) (If yes, giva war ar datas af sarvica) 16. SOCIAL SECURITY NO.	
	Mrs. Louise W. Gorfine 2411 Briarw
18. 11. 20 , 1   CAL	USE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	ONSE! AND DEATH
LEADING TO DEATH	oute these condicion in busting shours
(This does not meon the made of dying, e.g.,	
heart failure, asthenia, etc. It meons the disease, injury ar complication which coused deoth.)	1. As a set of
ANTECEDENT CAUSES (B)	Surdered anterosco
DISEASES OR CONDITIONS, if ony, giving	0
rise to the abave cause (A) stoting the (C)	***************************************
UNDERLYING CONDITION Iosi,	
Z CTUER CICAUTICANIA CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yas ar No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218, PLACE OF INJURY	Y (a,g., in or about 21 C. WHERE DID (If in Baltimare City, give exact lacation)
OR CONTRIBUTING CAUSE OF homa, farm, factory, streetc.)	raet, offica bldg., INJURY OCCUR?
<u>U</u>	215 HOW DID IN HIRK OCCUPY
S OF INJURY	et While
(APPROX.)	t Wark
22. I certify that (1) (this hospital) attended the deceased from	1950 19 10 JUN 20 1967
that (1) (we) last saw the deceased alive on MM M	19 6 7 and that in (my) (ear) opinion deoth accurred an the d
ond haur and from the causes stated above. (1) (We) (did) (did	
23A. SIGNATURE	238. DATE SIGNED
Ma la Mai	D. Attending Med. Staff
our Musinga	Phys. Director Phys.
23C. PHYSICIAN'S NAME (Typa)	23D. ADDRESS
Louis Vilamburall It.	
THE PARTY OF THE P	M.D. 1001 St. Yall St. Dato & lu
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY	1001 11 tout 31 tout of
REMOVAL (Spacify)	or CREMATORY 24D. LOCATION (City, town, or county) (Stotal
REMOVAL (Specify)  BURIAL 1/23/67  DRUID	CONTRACTORY 24D. LOCATION (City, town, or county) (Stotal
REMOVAL (Spacify)	GI CREMATORY 24D. LOCATION (City, town, or county) (Stote



	- 67- 07	94	BALTIMORE CITY	HEALTH DEPARTMENT	67 0721
	TH NO. 60 -27085		CERTIFICA	TE OF DEATH Regis	stered No. U/CI
1,1	IAME OF DECEASED			2, DATE AND HOUR 1-22-6	
	ANGELA M. PLACE OF DEATH IN BALTIMORE, MA	CONNE	R		7 1.50 A M. d fived. If institution: residence before admission)
				A. STATE B. COUNTY	d week it maintains leavence being dumasting
	FULL NAME OF (If not in hospital oddress or location		give street	MARYLAND C. CITY OR TOWN (If outside city I	imits, write RURAL and give township)
	THE JOHNS HOPKI	NS HOS	SPITAL	BALTIMORE	15-02
	33			1609 BRUCE COU	are the
5.	FEMALE NEGRO	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH 9-24-60 9. AGE (In lost birthdo	
	. USUAL OCCUPATION (Give kind of work e during most of working life, even it retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country	12. CITIZEN OF WHAT COUNTRY?
				Md.	U.S.A.
113.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME	
15	ROBERT CON		11/ 50 5141	HORTENSE EDW	ARDS
(Ye	s, no or unknown) (If yes, give wor or dote	s of service)	SECURITY NO.	17. INFORMANT	
	18. 0 0 4 4		CAUSE O		609 Bruce St.
	DISEASE OR CONDITION DIE	RECTLY	CAUSE		ONSET AND DEATH
1	LEADING TO DEATH	4.00	(A) 5	eptisemia perct	onitis 4-5 days
	(This does not mean the made of heart failure, osthenia, etc. It means injury at camplication which coused	the disease,	DUE TO	( ) ( )	/
	ANTECEDENT CAUSES	deom.)	(B)	E. Coll)	
	DISEASES OR CONDITIONS, if	ony, giving	DUE TO	la kani	15 months
	rise to the above cause (A) UNDERLYING CONDITION tost.	sloting the	(C)	-cur cmia	13 mon 7 m3
	11				
ATION	OTHER SIGNIFICANT CONDITIONS C	TED TO TH	? Renal	failure mpokal	emia 24 his.
FICA	19A. DATE OF OPERATION 19B. CON WAS PER	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? Wes of No. 20B. IF	YES, WERE FINDINGS CONSIDERED TIFYING CAUSES OF DEATH?
CERTIFIC	21A. ACCIDENT WAS UNDERLYING		PLACE OF INITIBY (e.g.	123	f in Boltimore City, give exact location)
4	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)		e, form, foctory, street, o	ffice bldg., INJURY OCCUR?	Tin bolilmore City, give exact locotion
MEDIC	OF INJURY (Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID INJURY OCC	UR?
-	(APPROX)	Wo			3-0-1
	22. I certify that (I) (this haspital		22 Jan	26 Dec. 19 66	ro 22 Jan. 19 67
	that (I) (we) last saw the decease				((our) opinian death accurred on the date
	and haur and from the causes star	red abave. (I	(We) (ala) (ala har)	House Staff physic	23B. DATE SIGNED
	1 John D Volu	uson	M.D. Att	ending Med. Stoff	1/22/67
	23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS	11101:1111
24	JOHN B. J	OHNSON	M.D.	Johns Hopkins Hos	pital, Pediatrics Depl.
24/	REMOVAL (Specify)		AME of CEMETERY of CR		(City, town, or county) (State)
25/	Burial 1-25-	67 Mt	CalverayC	emetery Baltin	nore, "aryland
	JAN 24 1967	R.C.B	E, stallower		n 1348 N. Calhoun St.
VS	150-REV. 1/1/65				



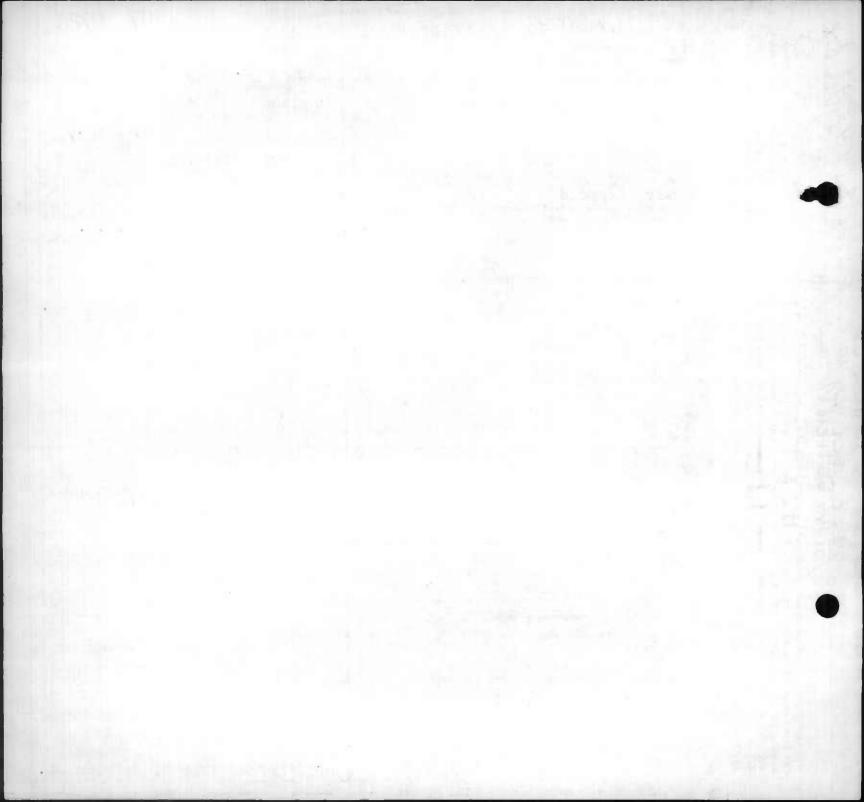
BIRTH NO. 63-24026 CERTIFICATE OF DEATH Registered No. 35373	
M.E. CASE NO.	122
NAME OF DECEASED  2. DATE AND HOUR OF DEATH  Type or Print)	50
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence b	O A
A. STATE & B. COUNTY	erare gamissio
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)  C. CITY OR TOWN (If outside city limits, write RURAL and give town)	
INSTITUTION Sinai Hospital BALTIMONO 27.	17
D. STREET ADDRESS (If rurol, give location)	
3019 W. garrison Ane	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Were married 9. AGE (In years lost birthday) Months: Doys H	f Under 24 Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUN	TRY?
BALTIMORE, Md UST	4
13. FATHER'S NAME	
JAMES Dorsay Sr Virginia Kokatson	
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	
Mes. Virginia Dorsey 3019w. 6	ARRISO
18. CAUSE OF DEATH	BETWEEN ND DEATH
	1
LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  DUE TO  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (A) Mening to backerish backerish 18	, 11-2
hearl failure, ostherio, etc. It means the disease,	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, if any, giving	
rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.	
11	
Z CTUER SOURISANT SOURISMAN CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED  198. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDE IN CERTIFYING CAUSES OF DEATH?	RED
U 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact lo	cotion)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
OF INJURY  (APPROX.)  While At Not While	
22. I certify that (1) (this haspital) attended the deceased from Annual 20 196 1 to da numer 2	9 10 10 7
1. 5- 1-	
	ea on the a
and have and from the causes stated abave. (1) (We) (did) (did out) view the bady after death.  23A, SIGNATURE	,
AAD Attending Wed Stoff Was	107
Phys. Director Phys. 123 D. ADDRESS	101
LOUIS L. FIRE, MD M.D. Sings Hospital	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county)	(Stote)
Burial 1-24-67 Baltimore Nat'l. Cem. Baltimore, Maryland	1510161
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR   ADDR	ESS
	houn S
VS 150-REV. 1/1/65	



BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH pital and of death Deceased Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 0 Lorothu Jan. eath. 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
A. STATE
B. CDUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ance Maryland COUSE (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) Undetermined cause; attend University of Moryland INSTITUTION Baltimore prior D. STREET ADDRESS (If rural, give location) contributing Franklin Streets regular pow 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 5. SEX If Under 1 Yr. If Un Months Doys Hours If Under 24 Hrs. Hours Min. eceased WIDOWED, DIVORCED (specify) Negroid Female single 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 2 done during most of working life, even if retired) Maryland SDM 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the 4 Edward Palmer Ella Osborne death kind; 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL 0 (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. ance Cornelius Palmer 1137 Franklin St. any onuced CAUSE OF DEATH attend ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Acute Myocordial Infertion Arteriocolectic Vescular Disease of LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease, injury or complication which caused deoth.) regul ho ANTECEDENT CAUSES 4 DISEASES OR CONDITIONS, if any, giving 3 3 rise to the obove cause (A) stating the physician UNDERLYING CONDITION last. MOS medical burns; DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTIFIC 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exoct locotion) where OR CONTRIBUTING CAUSE OF he body was released to the hospital °Z DEATH (notify medical examined) nature; 5 (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except Not While While At (APPROX.) pup Work At Work any 22. I certify that (I) (this haspital) attended the deceased from... Jun 23 that (I) (we) lost sow the deceased alive on... ond that in (my) (our) opinion death occurred on the date F 6 eat and hour and from the causes stated above. (I) (We) (did) (did not) view the body ofter death. hospit accident 23A. SIGNATURE 23B, DATE SIGNED O Attending Phys. 0 Director L approva 0 23C. PHYSICIAN'S 23D. ADDRESS certificate prior to NAME (Type) shows: (1) An D.O.A. 24A. BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY OF CREMATORY eceased REMOVAL (Specify) Arbutus, Maryland Arbutus Mem. Pk. M ds 25C. FUNERAL DIRECTOR ADDRESS

VS 150-REV, 1/1/65

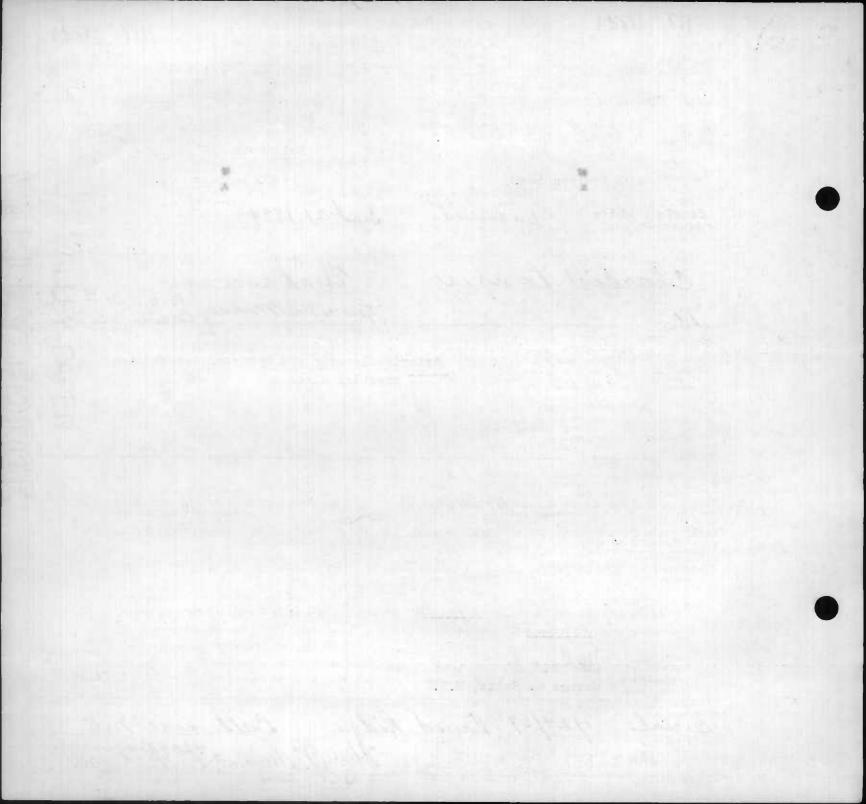
George Kelson 1348 N. Calhoun St.



BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 7 0724

M.E. CASE NO.		
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD	
Anna Berryman	1/21/67	10:10 p.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: resi	dence befare admission)
	Maryland	. 1
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRE ADDRESS OR LOCATION)	C. CITY OR TOWN (If autside carparate limits, write DURALIA	nd give towns (ip)
INSTITUTION	Baltimore	-41
	D. STREET ADDRESS (If rural, give lacotion)	
4003 Kenison Ave.	4003 Kenison Ave.	
5. SEX   6. RACE   7, MARRIED, NEVER MARRIED		r 1 Yr, If Under 24 Hrs.
WIDOWED., DIVORCED (specify	last birthday) Manths	Days   Hours   Min.
female white Widowed	Sept 21, 1884 82	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IN dane during most all working life, even if retired)		EN OF
dense coming mass of warking mas, even it removes	11	1.0
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Marrien Tomais	11 mb nacing	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS	sout It
(Yes, na arunknawn) (If yes, give war ar dates of service) SECURITY NO	Lourence Mooney 8 1616 E	31- 21-
110	Lawrence morning Balto.	nd. 21218
18. 4 4 = V	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH	eriosclerotic and hypertensive cardi	<b>)</b> -
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		
injury or complication which coused death.	Vasculai disease	
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE T		
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(-)		
2		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
OF THE PRIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		
19A. DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATIO	N 20A. AUTOPSY? (Yes at Na) 20B. IF YES, WERE FINDINGS C	ONSIDERED
WAS PERFORMED	no IN CERTIFYING CAUSES OF DE	
21A, EXTERNAL CAUSE WAS 218. PLACE OF INJUR	(e.g., in or about 21C. WHERE DID (If in Baltimare City, give exact to	acation)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	treet, office bidg., INJURY OCCUR?	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.    hame, farm, factory, etc.)		
OF INJURY (Month) (Day) (Year) (Haur) 21E. INJURY OCC	JRRED 21F, HOW DID INJURY OCCUR?	
(APPROX.)  M. WHILE AT WORK	NOT WHILE	
22.	AT WORK	-
I certify that I held an Inquiry Inspection X	Autopsy ond that on this basis, death in my opinio	n
resulted from: Natural couses X Accident	Suicide Undetermined monner	
	CHIEF MEDICAL EXAMINER	
ACTUAL MASSICE CONTRACTOR	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE VVV VV5 V - CV		1/22/67
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER	1/22/07
NAME (Type)	ETERY or CREMATORY 23D. LOCATION , (City, town, or	county) , (State)
REMOVAL (Specify)	De La La Corresponding to the	toldie,
Durial 1/24/6/ Wrund	Midge Dallemore	nd:
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	149: FUNERAL DIRECTOR	ADDRESS (
JAN 24 1967 ( P. F. & Farbur	10 Mary 1/1/209 120	great or a con
DE 1301 Uplant E. Jane	Jallins	re/12d. 212L



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

-		BALTIMORE CITY HEALTH DEPARTMENT
7		CERTIFICATE OF DEATH Registered No. 67 0725
	1. N	NAME OF DECEASED  2. DATE AND HOUR OF DEATH  2. DATE AND HOUR OF DEATH
		PLACE OF DEATH IN BALTIMORE, MARYLAND  Jagsman  J. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
		A. STATE B. COUNTY
1	H	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address ar lacation)  C. CITY OF TOWN (If autside city limits, write RURAL and give township)
		Union Mpmorial Hospital Raltimorp 9-02
	À.	
3	5. S	SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr., If Under 24 Hrs.
	7	Maile Caucasian WIDOWED, DIVORCED (specify) 05/13/89 last birthday) 7 Manths Doys Hours Min.
		LUSUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
		HOUSEWIFE ATHOME Mangland USA
2	13.	FATHER'S NAME  14. MOTHER'S MAIDEN MAME  ANNIE LANAHAN
2	35 1	Imolly House Outroom
3	(Yes	Was Deceased Ever in U.S. Armed Forces?  s, na arunknawn) (If yes, give war ar dates of service)  17. INFORMANT  17. INFORMANT
		118. CAUSE OF DEATH INTERVAL RETWEEN
5		DISEASE OR CONDITION DIRECTLY
5		(This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease,
		ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES  Gastro-intostical formation of the state of the stat
		DISEASES OR CONDITIONS, if ony, giving
3		rise to the abave cause (A) stating the (C) UNDERLYING CONDITION tost.
5		
5	ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE
	ICA.	DISEASE OR CONDITION CAUSING IT.  19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
	RTIF	1/3/67 WAS PERFORMED OBSTUSCTION O IN CERTIFYING CAUSES OF DEATH?
	U	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in ar obout 21C. WHERE DID ((If in Baltimore City, give exact lacation) home, farm, factory, street, office bldg., INJURY OCCUR?
	2	DEATH (natify medical examiner) etc.)
		OF INJURY
3		Wark At Wark
		22. I certify that (I) (this haspital) attended the deceased fram 12 1965 to 1965, that (I) (we) lost saw the deceased alive an 1967 and that in (my) (aur) plnion death occurred an the date
		and hour and from the couses stated above (1) We) (did) (did not) view the body after death.
		23A SIGNATURE / DA A / 23B. DATE SIGNED
		Churchy H ( lesson fr. M.D. Attending Med. Director Phys. Stoff Phys. Stoff
		23C. PHYSICIAN'S NAME (Type)  CHARLES H. CLASSEN JR. 23D. ADDRESS THE UNIONMEMORIAL HOSPITAL
2	240	William E Gilmorp
	241	REMOVAL (Specify)
	25A	DURIAL SOLUTION AND CHINEGRAL DIRECTOR. ADDRESS ADDRESS
		IAN 21 1967 D. a. S. F. Faluma Jastin Conflin 5444 BELAIR Rd.
1	VS 1	150-REV. 1/1/85

a ''' res '''' e BALTIMORE CITY HEALTH DEPARTMENT

Diff.

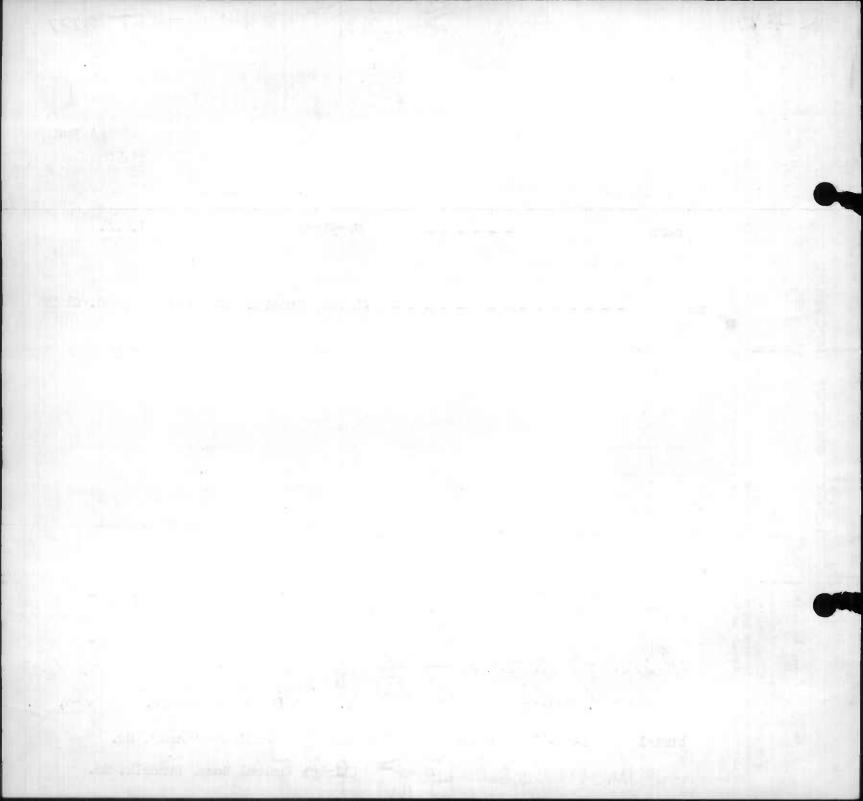
IMPORTANT

FUNERAL DIRECTOR:

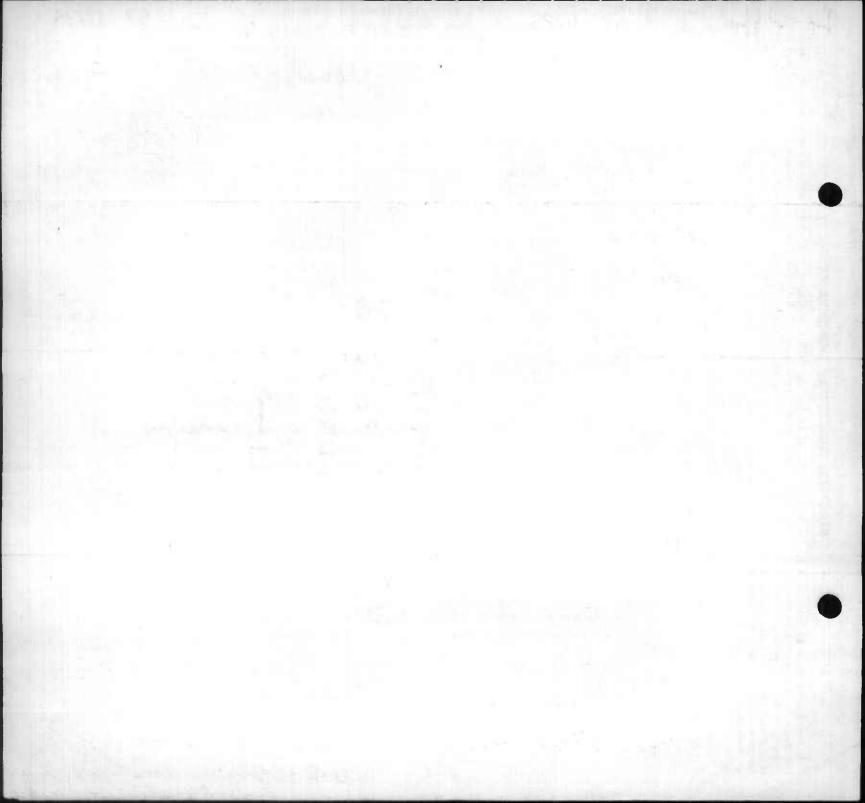
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	1	BALTIMORE CITY	HEALTH DEPARTMENT	V	OP O
BIRT	TH NO. 66-2489/67 0	727 CERTIFICA	TE OF DEATH	Registered No.	67 9727
1, N	AME OF DECEASED		1	AND HOUR OF DEATH	<b>=</b> 00 1
	IERK	I RUDOLPH		1-22-67	5.00 A
J. F	LACE OF DEATH IN BALTIMORE, MA	KILAND	A. STATE B. CO	here deceased lived. If in UNTY	stitution: residence before odmi
	FULL NAME OF (If not in hospital oddress or location	or institution, grve street	MARYLAND	BALTIMORE	Cs.
	NSTITUTION	PKINS HOSPITAL	C. CITY OR TOWN (IF	outside city limits, write	KUKAL and grve township)
	2 3	I KING HOST TIAL	D. STREET ADDRESS	(If rurol, give location)	23-00
			1760 STOK	ESLEY ROAD	21222
	EMALE WHITE	7. MARRIED, NEVER MARRIED WIDOWED DIVORCED (specify) NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours
	. USUAL OCCUPATION (Give kind of worl a during most of working life, even if retired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	none		Maryland		U.S.A.
13.	FATHER'S NAME	. 5.1	14. MOTHER'S MAIDEN N		
	CHARLES RUDO			A BEATTIE	
15. Yes	Was Oeceased Ever in U. S. Armed For , no or unknown) (If yes, give wor or dote	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
)	10		Charles Rudol	ph, 1760 Stol	kesley Rd. 21222
	18.289.2)	CAUSE O	F DEATH		INTERVAL BETWEE
	DISEASE OR CONDITION DIE LEADING TO DEATH				
	(This does not meon the mode of		onic Malabsorb	tive Disease	full life
	heart foiluse, asthenio, etc. It means injury or complication which caused				
	ANTECEDENT CAUSES	(B)	HH H BAN H H H H H H AA H H H H H H H H QQ H Q Q QQ Q Q Q	D x x x x x x x x x x x x x x x x x x x	
	DISEASES OR CONDITIONS, if				
	UNDERLYING CONDITION Iosi.	siding the (C)	-0000000m		
z	OTHER SIGNIFICANT CONDITIONS O	ONTRIBUTING			
ATION	OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING I	TED TO THE			
U		DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208. IF YES, WERE	FINDINGS CONSIDERED
ERTIF	none				
0	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exoct locotion)
O	DEATH (notify medical examiner)  NOTE 21D. TIME (Month) (Day) (Year)		015 115 115		
	OF INJURY  (APPROX.)	(Hour) 21 E. INJURY OCCURRED  While At Not While	21F. HOW DID I	NJURY OCCUR?	
		Work At Work			
	22. I certify that (I) (this hospital		1/9/67		122/67 19
	that (1) (we) lost sow the decease				nion deoth occurred on th
	23A. SIGNATURE	ed obove. (I) (We) (did) (did not)	view the body ofter deoth	1.	23B. DATE SIGNED
	Marie V 4 B	Therap M.D. Att. Phy	ending Med.	Stoff	1/22/
	23C. PHYSICIAN'S		22D ADDRESS	Phys.	1/20/6
	Daniel Y. Patte		Johns	Hopkins Hospi	
24A	BURIAL CREMATION, 248, DATE	24C. NAME of CEMETERY or CR			ly, town, or county) (S
	burial 1-24-6	6 Mareland Memoria	al Park Re	altimore Coun	tar. Md.
25A	. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
	IAN 9 4 1067	10 0 8 8 Faiber MA	Ulrich Fine	ral Home, Du	ndalk, Md.

Robert



BRTH NO. 67 0728		ATE OF DEATH Registered No	67 0728
M.E. CASE NO.  I, NAME OF DECEASED  Type or Print)  MRS CRACE	HOCH	2. DATE AND HOUR OF DEATH	7:15
PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospital or institution, q		4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution; residence before odmiss
FULL NAME OF HOSPITAL OR INSTITUTION  (If not in hospital or institution, goddress or location)  Box Jeaues		BALTIMORE 21.	e RURAL and give township)  220 53 0
34 Sen Steams	7,00,777	D. STREET ADDRESS (If rurol, give location)  Tonkol Cour	et
WIDOWED	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Mi
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF done during most of working life, even if refired)  AT HOME	BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FRANK MAR	TIN	14. MOTHER'S MAIDEN NAME  CATHERINE	1315/4 OP
	16. SOCIAL SECURITY NO.	17, INFORMANT CHART	ADDRESS
18. /8/,01	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES	(BI	Ca of bladder?	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION tost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	PT. W	shut down due To ca of bladder? Mhad spossic paral as sufferne from s	Pysis Poustic paraly
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	PT. in	as suffering from s	Specific Paraly E FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  OR CONTRIBUTING CAUSE OF CALLED CAUSE OF CONTRIBUTING CAUSE OF CALLED CAUSE OF CONTRIBUTING CAUSE OF CALLED CAUSE OF CALLE	PT. UND	20 And spossic porol 20 And Server from D 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WER IN CERTIFYING C	perstic paraly
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. TIME (Month) (Doy) (Year) (Hour) 21E. OF INJURY	PLACE OF INJURY (e.g., form, foctory, street,	20A. AUTOPSY? (Yes or No) 20B. IF YES, WER IN CERTIFYING CONFICE BID (II in Boltim office bidg., INJURY OCCUR?	E FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.  11  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)  21D. TIME (Month) (Doy) (Year) (Hourl 21E, Whill CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CA	PLACE OF INJURY (e.g., form, foctory, street,	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER IN CERTIFYING CO., in or about 21C. WHERE DID (II in Baltima office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH?  Ore City, give exact locotion)
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR ONTRIBUTING CAUSE OF DEATH (notily medical examiner)  21D. TIME (Month) (Doy) (Year) (Hourl 21E, Whit (APPROX.)  22. I certify that (I) (this haspital) ottended the that (I) (we) lost saw the deceased alive on and haur and from the couses stoted above. (I)	PLACE OF INJURY (e.g., form, foctory, street, Not William At Wolf (We) (did) (did not)	20A. AUTOPSY? (Yes or No)  20A. AUTOPSY? (Yes or No)  20B. IF YES, WER IN CERTIFYING CO  INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 7 and that in (my) (aur) of the did not	E FINDINGS CONSIDERED CAUSES OF DEATH?  OTE City, give exact locotion)
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.  11  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)  21D. TIME OF INJURY (APPROX.1 Whith that (I) (we) lost saw the deceased alive on ond haur and from the couses stoted above. (I)  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	PLACE OF INJURY (e.g., form, foctory, street, Not Wo At Wo deceased fram	20A. AUTOPSY? (Yes or No) 20B. IF YES, WER IN CERTIFYING CO., in or about 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 7 and that in (my) (aur) of the body offer death.  23D. ADDRESS  23D. ADDRESS  23D. ADDRESS  22Bon Secauts	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact locotion)  19 5  pinian deoth occurred on the  23R. DATE SIGNED  WALL G. T.  City, town, or county) (State



the of death Deceased Such and uo hospital attendance deat contributing cause stermined cause; (5) prior to 0 = Undetermined regular eceased or final disposition = Ö Was the 4 death uo attendance any pronounced embalmed of fracture regular Po gre 3 physician before the remains burns; physician Body the (2) where to the hospital °N of any nature; obtained 9 (except and death); pe hospital was released must 40 0 prior

at

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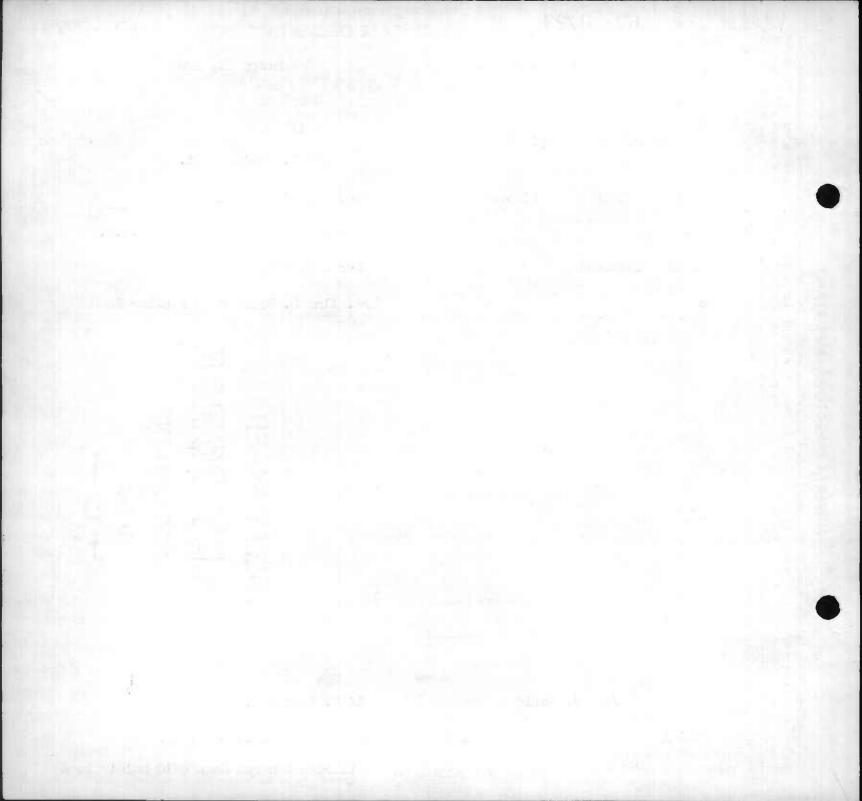
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shows: (1) was D.O.A. deceased

he body

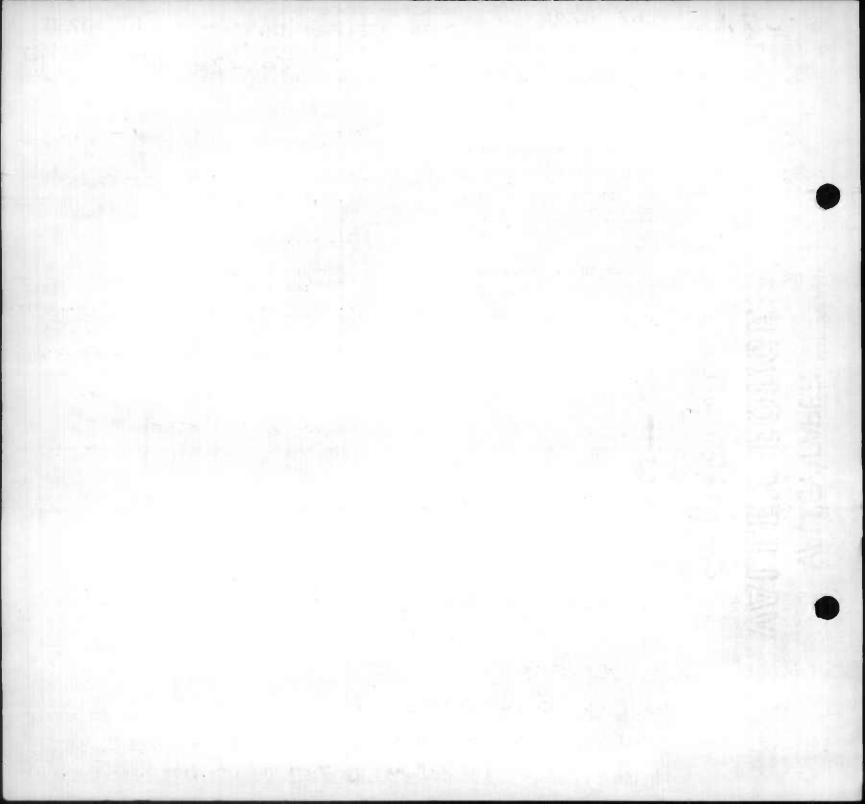
BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Ida O. Spence January 21, 1967 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) B. COUNTY Maryland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore Church Home Hospital D. STREET ADDRESS (If rural, give tocation) 250 S. Robinson St. 9. AGE (In years 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost birthdoy) Female. Female White Widowed Aug. 23, 1886 80

10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) White 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) At home Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Townsend Sarah Mowbray 15, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. No Mrs. Alma S. Bruff 4420 Findlay Road CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused deoth,) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (It in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notity medical examined (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? While At Not White (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from //-19 66 11-1that (1) (we) lost sow the deceased alive on..... ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did not) view the body ofter death. 23A. SIGNATURE 23B. DATE SIGNED Attending 7 Med. M.D. 1-23-67 Director _ approval 23 C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) John J. Gould 14 N. East Ave. M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 1/24/67 Burial. Baltimore Cemetery Baltimore. Md. 25A. DATE RECOJEN HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Wilrich Funeral Home 4210 Belair Road



	FUNERAL	FUNERAL DIRECTOR: IMPORTANT	IMPORT/	ANT			>
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	the chief med	ical examiner.	or his assist Also, if the	ant if deat direct or	h occurred contributing	in a hospita g cause of	l and death
shows: (1) An accident of any nature; (2) body burns; (3) A tracture of any kind; (4) Undefermined cause; (5) Deceased	(2) Body burn	ns; (3) A tractui	e of any kil	nd; (4) Und	etermined co	iuse; (5) Dec	paspa
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased brior to death), and (6) No physician was in regular attendance on the deceased prior to death. Such C.	ere the physi	ician who pro	nounced de	on the de	n regular a	rendance o	Such

67 0730		HEALTH DEPARTMENT	0	CHOO
MRTH NO.	CERTIFICA	TE OF DEATH	gistered No	1 1/30
1. NAME OF DECEASED	ORD STUMP	2. DATE AND HOU JAN-	2.2-1967	PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deced	ased lived. If institution:	
FULL NAME OF (If nat in hospital or institut HOSPITAL OR address ar lacation) INSTITUTION	ian, give street	Virginia	ty limits, write RURAL a	nd give township)
INSTITUTION		Fairfax	V	-43
Hillcrest Nursing	Home	D. STREET ADDRESS (If rural, gi	ve lacation)	
	RIED, NEVER MARRIED OWED, DIVORCED (specify) Widow	lost birt	(In years If Und Manths	der 1 Yr. If Under 24 Hrs. S Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN			ntry)  12, C1	TIZEN OF HAT COUNTRY?
done during most of working tife, even it retired)  NONE		Doltimown Manula		TAT COUNTRY.
13. FATHERS NAME Frank		Baltimore, Maryla		
EXXXX R. Ford,	Jr.	Barbara Bigham	1	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war ar dates of serv	1 6. SOCIAL	17. INFORMANT: sister-in	n-1 aw	ADDRESS 21210
NO	NONE	Mrs. Frank R. For	d,212 Woodl	
DISEASE OR CONDITION DIRECTLY	CAUSE O	OF DEATH	-	ONSET AND DEATH
LEADING TO DEATH (This does not meen the made of dying,	e.q., DUE TO	'Flummese		the Mouse.
heart failure, asthenia, etc. It means the dise injury ar camplicofian which coused deoth.)		/		1,
ANTECEDENT CAUSES	(B)	Kusms des	eare	leus.
DISEASES OR CONDITIONS, if any, gi	ving	2.014.		O
rise to the above couse (A) sloting UNDERLYING CONDITION last.	the (C)	resulted by Bull	3 Server	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE			
	OR WHICH OPERATION	20A. AUTOPSY? (Yes at No.) 20B. IN C	IF YES, WERE FINDING CERTIFYING CAUSES OF	GS CONSIDERED F DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)		(If in Baltimare City, g	give exact lacation)
OF INJURY  (Month) (Day) (Year) (Haur)	21 E. INJURY OCCURRED	21F. HOW DID INJURY O	CCUR?	
₹ (APPROX)	While At Work At Work		1	/
22. I certify that (I) (this hospital) attend	ed the debeased from	1950 19	to 1/22	2/67 19
that (1) (we) last saw the deceased alive	on 1/22/67	19and that in(r	/	/
ond haur and fram the couses stated above	re. (1) (We) (did) (did nat)	view the body after death.	loop B	ATE SIGNED ,
my freed	M.D. All	ending Med. Staff Phys. [	]	1/23/69
23C. PHYSICIAN'S NAME (Type)	DEED IN M.D.	23D. ADDRESS	ESM.	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATIO	ON (City, town,	, or county) (State)
Burial 1/25/1967	Green Mount		ore, Maryla	
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS 21201
JAN 2 4 1967 1 12	of & Stable MA	Newart & Mowen	Co.,108 W.N	North Av., City
VS 150-REV. 1/1/65				



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

67 0731	BALTIMORE CITY H	EALTH DEPARTMENT		67 0724
BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No	01 0101
M.E. CASE NO.	CERTITION			
(Type or Print)		and the same	D HOUR OF DEATH	60
William Weaver			an. 22, 1967	8 AM.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospital or institution, give	*	A. STATE B. COUN	re deceosed lived. II ins NTY	litution: residence before odmission)
HOSPITAL OR oddress or location) INSTITUTION  INSTITUTION  INSTITUTION	1	Baltimore	tside city limits, write RU	JRAL and give township)
38 University Hospital		STREET ADDRESS (If	rurol, give location)	24-00
		4210 - 4th St		
5. SEX 6. RACE 7. MARRIED, NE	VER MARRIED DIVORCED (specily)	DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr., II Under 24 Hrs. Months: Doys Hours Min.
Male Cau Married		lug 24,1913	53	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU				12. CITIZEN OF
done during most of working life, even if retired)  Amer Car.	1	Md		WHAT COUNTRY?
13. FATHER'S NAME	14	. MOTHER'S MAIDEN NA	ME	
William L Weaver		Janet Ste	eele	
(Yes, no or unknown) (II yes, give wor or dotes of service)	SOCIAL 17	INFORMANT		ADDRESS
No		Family		Same
18. / 6.2. / 1	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	20	1 11.01	A 11	
LEADING TO DEATH	(A) M	etastatic Oat	(e//	3-4 mos. ?
(This does not mean the mode of dying, e.g.,	DUE TO	F +	he Zuma	
heort foilure, osthenia, etc. It means the diseose, injury ar camplication which coused death.)		remand of	9	
ANTECEDENT CAUSES	(R)			
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if any, giving				
rise to the obove couse (A) stating the UNDERLYING CONDITION lost.	(C)			
CHEERING CONDITION 1051.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
2 19A. DATE OF OPERATION 19B. CONDITION FOR WHI	CH OPERATION	20A. ALITOPSY? (Yes of N	a) 208. IF YES WERE EI	NDINGS CONSIDERED
WAS PERFORMED		20A. AUTOPSY? (Yes of N	IN CERTIFYING CAU	SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	ACE OF INJURY (e.g., in a lorm, loctory, street, offic	e bldg., INJURY OCCUR?	(II in Boltimore	City, give exact locations
	JURY OCCURRED	21 F. HOW DID IN.	URY OCCUR?	
Work	☐ At Work □			
22. 1 certify that (1) (this hospital) attended the	deceased from	NOV. 14	19 67 to	Dec. 1 1966
that (1) (we) last sow the deceased alive on	Dec 1	19 67 and th	not in (my) (aur) opin	ian deoth occurred an the dote
ond hour and from the couses stated above, (1) (1	we) (did) (did not) vie	w the body after deoth.		
23A. SIGNATURE				23B, DATE SIGNED
Me hay It Andon	M.D. Attend	Med. Director	Stoll Phys.	Jan. 22, 1967
23C. PHYSICIAN'S		D. ADDRESS	/ 34	
NAME (Type) Richard H. Anderson	M.D.	University Itos	pital Ball	Amore Marulan)
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	E of CEMETERY OF CREM		OCATION (City	r, town, or county) (State)
REMOVAL (Specily)				
	ondsville Cem	Pe	etersburg W.	.Va.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF I		25C. FUNERAL DIRECTO	R	ADDRESS
1.0 6	0/40000	McGully FH 2	77 Patansco A	ve 21 225
VS 150 PEV 1/1/4 JAN 2 4 1967 1 P. C. A.	E delivered	1 - C - W	, - 40apooo -	

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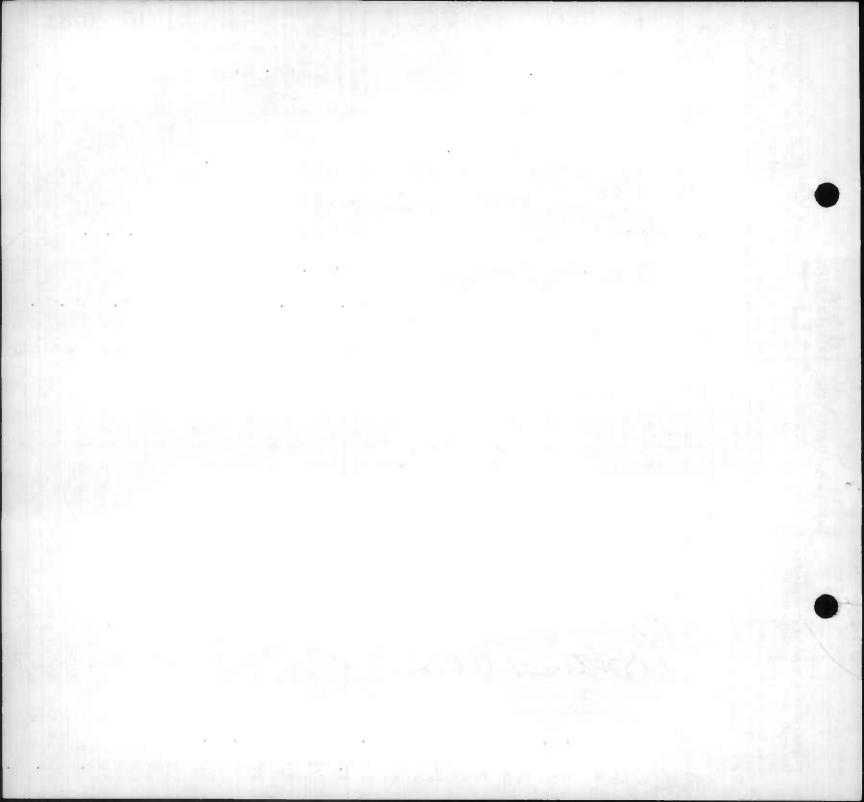
Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) (If outside city limits, write RURAL and give township) 2105 East Madison Street If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRES: INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact lacation) and that in (m) (aur) apinian death accurred an the date 23B, DATE SIGNED (Stote) deceased CI S 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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	proved by the chief medical examiner or his assistant if death	÷	ny nature; (2) Body burns; (3) A fracture of any kind; (4) Undet	except where the physician who pronounced death was in

M.I	L CASE NO.	FASED				2 DATE	ND HOUR OF DEA	TH	
(Tv	ne or Print)		W.	_				,	
3.	PLACE OF DE	James Wil	AARYLAND	D	4. USUAL RE	SIDENCE (WI	20, 1967 lere deceased lived. I	If institution: resi	dence belore
					A. STATE	B. COU	NTY		
	FULL NAME O	F (If not in hospit oddress or loca		n, give street		Marylan			
	NSTITUTION	oddiess of loco	HOIL)		11		outside city limits, wri	rite RURAL and	give township
1	)0				D. STREET AD	Baltimo	TO If rural, give location)	Col.	0-0
	XXXXXX	CHANK 34	0 Maryd	ell Rd.					
-		To be an	To 111001	ED, NEVER MARRIED			dell Rd.	1	W 11
5. :		6. RACE		VED, DIVORCED (speci			9. AGE (tn years lost birthday)	Months: D	Yr. II Un Days Haurs
_	lale	White	Marr	ied	10/27/1	896	70	1	
		UPATION (Give kind of w working life, even if retire		OF BUSINESS OR IND	USTRY 11. BIRTHPLAC	CE (State or fo	reign country)	12. CITIZE	N OF COUNTRY?
	Electric		Steel	Mill	New Jer	sev		U. S	5. A.
13.	FATHER'S NA		10002		14. MOTHER'S		AME		
		7 7 4 77			771	77.77.7	-h2+		
15		Samuel A.Kem		1 6. SOCIAL	17. INFORMAN		ebrandt		DDRESS
(Ye	s, na ar unknawi	Ever in U. S. Armed	ates of service	SECURITY NO.					DDRESS 21
	No				Mrs. Lo	la I. K	emp 340 Mar	ydell Rd.	. Balto
	18. 33	3 XI		CAI	JSE OF DEATH		,		TERVAL BET
		SE OR CONDITION			14	1	otanile		I AND
		LEADING TO DEAT	H	/	11/na	1. U.S	Tous		110 21
				(A)	100,00				
		not meon the mode			600101	9	$\neg \cap$		
	heart failure,		ns the diseas		tuns	9	Hore	a)	
	heart failure, injury ar cor	not meon the mode asthenia, etc. 11 med	ons the diseased death.)	S8,		2	Nore	æ	
	hearl failure, injury ar cor	not meon Ihe mode asIhenia, elc. 11 med nplicatian which cous	ins the diseased death.)	(B)		2	Hore	œ	
	hearl failure, injury ar cor DISEASES ( rise la lh	not meon the mode asthenia, etc. It med application which cous ANTECEDENT CAUS OR CONDITIONS, e abave couse (	ns the diseased death.) ES f any, givin	(B) DUE 1			hore	œ	
	hearl failure, injury ar cor DISEASES ( rise la lh	not meon the mode asthenia, etc. It meonphication which cous ANTECEDENT CAUSOR CONDITIONS, is above couse (a CONDITION last.	ns the diseased death.) ES f any, givin	(B) DUE 1	TO		hore	œ	
Z	hearl failure, injury ar cor  DISEASES rise la lh UNDERLYIN	not meon the mode asthenia, etc. It meonplication which couse ANTECEDENT CAUSOR CONDITIONS, is above couse (ACCONDITION last.	ons the diseased death.) SES I any, givin A) sloting t	(8) DUE 1 ng the (C)	TO		hore	œ	
TION	DISEASES (inse to the UNDERLYIN)  OTHER SIGN TO THE C	not meon the mode asthenia, etc. It meonphication which cous ANTECEDENT CAUSOR CONDITIONS, is abave couse (and CONDITION last.  IFICANT CONDITIONS REATH BUT NOT R	ons the diseased death.)  ES  f any, givin  A) sloting t  CONTRIBUT  ELATED TO	(B)	TO		hore	œ	
ICATION	DISEASES  rise la Ih UNDERLYIN  OTHER SIGN TO THE C DISEASE OR	not meon the mode asthenia, etc. It meanplication which coust ANTECEDENT CAUSON CONDITIONS, e above couse (ACCONDITION Last.  IFICANT CONDITIONS FOR CONDITION CAUST (CONDITION CAUST)  FOR PERATION 198. C	constitution of the consti	(B)	O .		More	æ	CONSIDERED
	DISEASES  rise la Ih UNDERLYIN  OTHER SIGN TO THE C DISEASE OR	not meon the mode asthenia, etc. It meanplication which coust ANTECEDENT CAUSON CONDITIONS, e above couse (ACCONDITION Last.  IFICANT CONDITIONS FOR CONDITION CAUST (CONDITION CAUST)  FOR PERATION 198. C	ens the diseased death.)  If any, giving the state of the	(B)	O .		hore	æ	CONSIDERED EATH?
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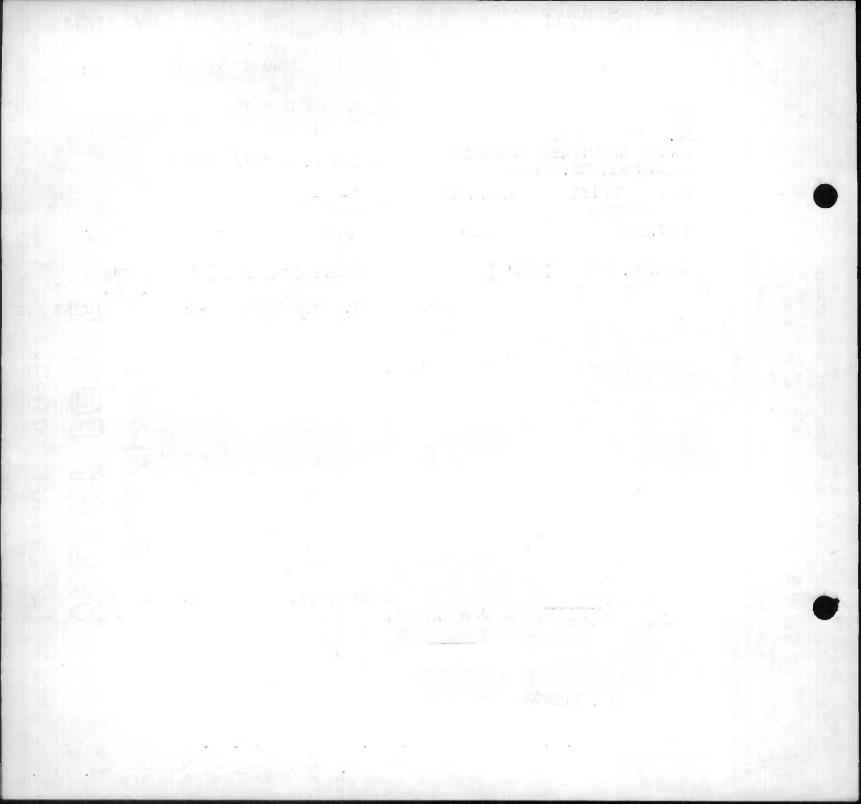
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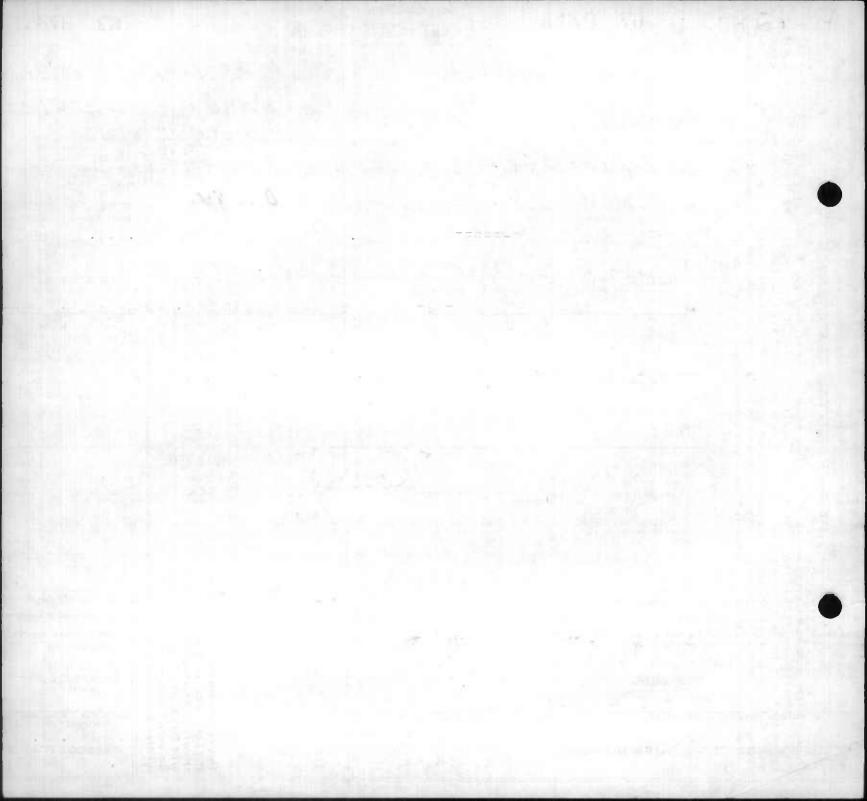
BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) DAY, HOWARD B JANUARY 20, 1967 7:30P death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE | Where deceased lived, If institution: residence before admission) MARYLAND 21229
Ill outside city limits, write RURAL and give township (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location) 0 BALTIMORE ST. AGNES HOSPITAL D. STREET ADDRESS (If rurol, give location) CATON AND WILKENS AVENUES 338 S. AUGUST AVENUE 9. AGE (In years 5. SEX If Under 1 Yr. If Under 24 Hrs. lost birthdoy Months Doys MARR IED (specify) MALE WHITE 4-21-82 84 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
RETIRED NONE MARYLAND S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN D. DAY (DEC D) (WARFIELD) DAY DEC D BALTO., MODDRESS 1229 FANNIE 15, Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT IYes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. ST. AGNES HOSPITAL - CATON & WILKENS No 217-18-5019A CAUSE OF DEATH ONSET AND DEATH PROBABLE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH INFARCTION YOCARDIAL Hours (This does not meen the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease, injury ar complication which caused death.) HRTERIOSCLEROSIS ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoting the UNDERLYING CONDITION lost, PROSTATIC BENION CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. AND 20B. IF YES, WERE FINDINGS CONSIDERED 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NONE 21 A. ACCIDENT WAS UNDERLYING Ilf in Boltimore City, give exact location) 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) NO 21 D. TIME OF INJURY (Doy) (Yeor) [Hour) 21 F. HOW DID INJURY OCCUR? 21E, INJURY OCCURRED Not While [ IAPPROX.) At Work 22. I certify that (X(this hospital) attended the deceased from JANUARY 11, 19 67 to JANUARY 20. that (IX(we) last sow the deceased alive on JANUARY 20, 19 67 and that in XXX (our) apinian death occurred an the date 23A. SIGNATURE 238, DATE SIGNED NOOK M.D. Attending Med. Stoff 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS SIGNOR 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL |Specify decease Burial Jan. 23, 196 Loudon Park Cem. Balto. Md. JAN 2 4 19 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Schwab 3512 Frederick Ave. Balto. Md VS 150-REV. 1/1/65



## FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death.

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this certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital a	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of dec	hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceas	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on t	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. So	written approval must be obtained before the remains are embalmed or final disposition is made.
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DAJE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, 4. USUAL RESIDENCE (Where deceased lived. II institution; residence A. STATE B. COUNTY (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) (If outside city limits, INSTITUTION UNIVERSITY HOSPITAL D. STREET ADDRESS MARK RUID 5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9, AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. 6. RACE WIDOWED, DIVORCED (specify) lost birthdoy) Momed -25 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) OWA Woodworks 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHRISO STMME

1.5. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown)(If yes, give wor or doles of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. WWI YES 212-01-29/4 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or Not 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 9-6 GAK 21 A. ACCIDENT WAS UNDERLYING ū 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, lorm, foctory, street, office bldg., INJURY OCCUR? DEATH (notily medical examined MEDI 21 D. TIME (Month) (Doy) (Year) (Hourt 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive on... 19.6 and hour and from the couses stoted obove. (1) (We) (did) (did nat) view the bady ofter deoth. 234. SIGNATURE mus 0 23B. DATE SIGNED 0 Attending Phys. Med. Director Stoff M.D. 10 approval 23C. PHYSICIAN'S 23 D. ADDRESS prior NAME (Type) 24A. BURIAL CREMATION, 248. eceased town, or county! REMOVAL (Specify) LOWDON PARK

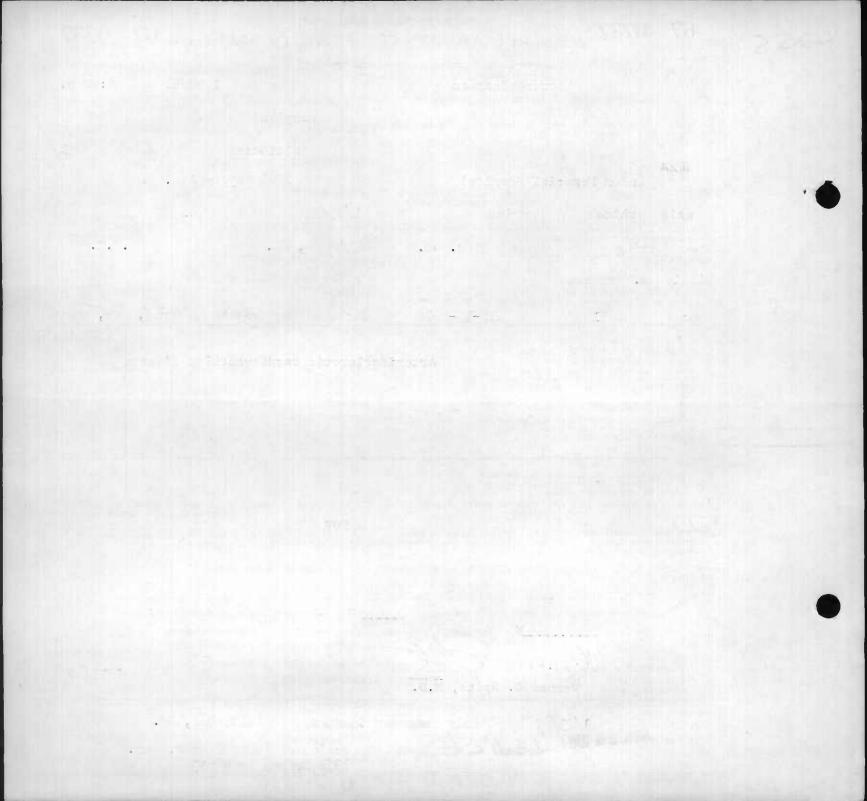
....and that in (my) (our) opinion death occurred on the date BALTO. MP. BUNIAL SB. NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65

Mes were I wan son ELLING HELDER EDELDON PARK BALTE NO. alt de Tout

BALTIMORE CITY HEALTH DEPARTMENT

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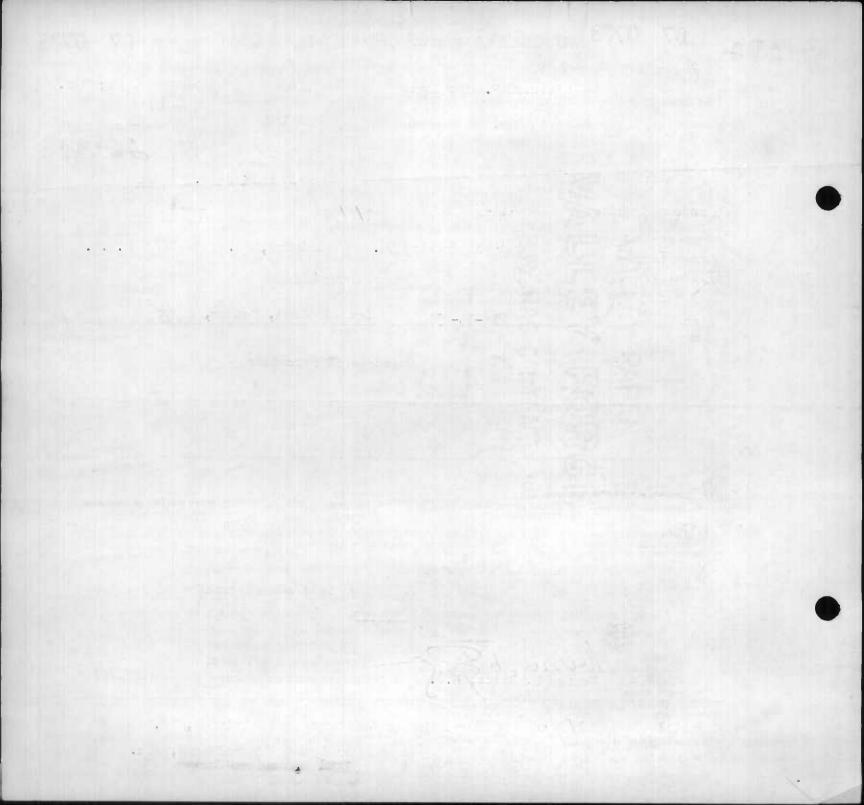
BIRTH	NO. CASE NO.	MED	DICAL EX	AMINER'S	CERTIFICAT	E OF	DEATH Register	ePN6. U/O/
1. NA	ME OF DE		Lee rren Beas	sman	2	DATE AN	ID HOUR PRONOUNCE	
FULL HOSPI	NAME OF	(IF NOT IN HOSPI ADDRESS OR LOC	WHERE PRONOUN		A. STATE	rylan	deceosed lived. If insti	tution: residence before admission
INSIII	44	The transfer Manager	1 . 11	u - 1	D. STREET ADDRE		, give location)	27-34
5. SEX		Union Memor		CA L IEVER MARRIED	8. DATE OF BIRTH	3804	BayonneAve.	#O  If Under 1 Yr. If Under 24 Hrs
	male	white	Married	VORCED (specify)	1/13/22		lost birthdoy) 45	Months, Doys, Hours, Min.
HO'				lec. Co.	Baltimore	, Md.		12. CITIZEN OF WHAT COUNTRY?
		A. Beasman			Kathryn			
15. WA	S DECEAS	ED EVER IN U.S. ARMI	D FORCES?	6. SOCIAL	17. INFORMANT	21 (211 (11)	10.11	ADDRESS
	es	n) (If yes, give wor or do		security No. -16-2079	Barbara	Beasma	n(nee Rupper	t), wife, above
18.	DISEA (This does	ASE OR CONDITION E LEADING TO DEAT not meon the mode of e, osthenio, etc. It meon implication which course	H of dving, e.g.,		iosclerotic	cardi	ovascular di	INTERVAL BETWEEN ONSET AND DEATH SEASE
ERTIFICATION	DISEASES RISE TO TH UN DERLYI	ANTECEDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) NG CONDITION LAST  II SNIFICANT CONDITION	ANY, GIVING STATING THE	(B)				
CERTIFIC	OISEASE C		IG IT.	HICH OPERATION	20 A. AUTOPSY?	Yes or No)	208. IF YES, WERE FIN	
7 21. O UN	DERLYING	AL CAUSE WAS OR CONTRIB- JSE OF DEATH.	21 B. PL home, etc.)	ACE OF INJURY (e.g. form, foctory, street,	yes , in or obout 21C. Wh office bidg, INJURY (	IERE DID	(If in Boltimore City, giv	e exoct location)
OF	O TIME INJURY PPROX.)	(Month) (Doy) (Ye		INJURY OCCURRED	WHILE WORK	LINI DID V	JRY OCCUR?	
22	ACTUA SIGNAT EXAMI	NER'S		Suici	de Hamicide	DICAL EX		
REMO Bu	NAME (BURIAL CRE VAL (Specifical	23B. DATE 1/23/	23 <b>C</b> .	NAME OF CEMETERY	or CREMATORY ner Cemetery		ocation (City, Baltimore, Mc	town, or county) (State)
24A. D	ATE REC'S	निमान्स्र व्यक्ति	24B. NAME O	F REGISTRAR			ineral Home, Lane #13	Inc.
VS 15	1-REV, 1/1/	/65	1 0 /	707	0 0 7	CHILID		



## BALTIMORE CITY HEALTH DEPARTMENT O'738 MEDICAL EXAMINER'S CERTIFICATE OF DI M.E. CASE NO.

EATH	Registered	No.67	0738
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M.E. C	ASE NO.									
1. NAA (Type o	ME OF DEC	EASED	Ĩ.e	onard W	. Gittings		2. D	ATE AND HOUR PRONOUNG 1/22		6:20 a
3. PLAC	CE IN BALT	IMORE, N			UNCED DEAD	4. USUAL R	RESIDENCE	(Where deceased lived, If ins	stitution: res	idence befare admission)
						A. STATE	Mars	land B. CO	UNTY	
FULL N	AME OF	(IF NO	OT IN HOSPITA	AL OR INSTIT	UTION, GIVE STREET	C. CITY OR		·land (If autside carparate limits, writ	te RURAL r	and give township)
IN STITU	NOIT	700	LISS OR LOUP	110117					-	1-41
3	3						Balti		1	6-54
9	** 1 .					D. STREET	ADDRESS	(If rural, give location)		
	Hopkir	is Hos	spital				523	O Darien Rd.	#6	
5. SEX		6. RACE			NEVER MARRIED	B. DATE OF	BIRTH	9. AGE (In years	If Unde	Pr 1 Yr. If Under 24 Hrs. Days : Haurs   Min.
ma	le	whit	e	Sing	DIVORCED (specify)	7/6/3	0	27	1410111113	Duy's Hours Mills
211 401	HAL OCCI	IPATION /	Give kind of work		F BUSINESS OR INDUST				12. CITIZ	EN OF
			even if retired)	TOOL MIND O	I BUSINESS ON INDUST				WHA	AT COUNTRY?
Bot	tler			Natio	nal Brewing (			ore, Md.	U	S.A.
3. FAT	HER'S NAM	E				14. MOTHER	'S MAIDE	N NAME	-	
T.eo	Gitti	nge				Marth	a Del	and		
			U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMA		CA1C	ADDRES	2.
			ve war ar date		SECURITY NO.					
n	10			27	6-36-2314	Leo G	ittin	gs, father, abo	ve	
1B.	F C54	711	a			E OF DEATH				INTERVAL BETWEEN
	1-0	17.	11					8		ONSET AND DEATH
	DISEAS		ONDITION DI				C			
	(This does n		G TO DEATH the made of		(A) UVE	rdose of	t Narc	COTICS		
	heart failure,	asthenia,	etc. It means which caused	the disease.	DOF 10					
	injuly of con	npiiconun	which coused	dedin.,						
	A	NTECED	ENT CAUSE	S						
	DISEASES (	OR CON	DITIONS, IF A	NY, GIVING	DUE TO				••••••••	
			CAUSE (A) ST	TATING THE						
	DIVERTIN	io com	DITION LASI.		(C)					
<u>ō</u> —	_	_	14							
4	OTHER SIGN	MIEICANT	CONDITIONS	CONTRIBUT	N.G.					
0			BUT NOT RE							
-			TON CAUSING		***************************************					
19A	A. DATE OF	OPERATIO	ON 198. CON		WHICH OPERATION	-	OPSY? (Yes	or No. 20B. IF YES, WERE F		
O	2		THE STEE	ONVIED		yes		yes	Jaca Or D	EAIN:
	. EXTERNA							E DID (If in Baltimare City, g	give exoct i	ocation)
	DERLYINGS			ham etc.)	e, farm, factory, street,	office bldg., IN	IJURY OC	CUR?	00-	100
台					?					20
211	INJURY	(Month)	(Day) (Year	n) (Haur)	21E. INJURY OCCURRED		F. HOW I	DID INJURY OCCUR?		
(AF	PPROX.)	1	? 67		WHILE AT NOT	WHILE K	Self a	administration o	of ove	rdose
22.			. 07	m.	WORK L AT	WORK	DCIL C	ZGIIIII DELGETOII (	71 000	.14050
	cert	Ify that	l held an 1	nquiry 🔔	Inspection A	utapsy X	and tha	or this basis, death in	my opinio	n
	resul	ted fram:	Natural ca	uses	Accident X Suici	de Ho	micide	Undetermined mann	ner 🗍	
			1							
	ACTUAL		11000	- 1				CAL EXAMINER [		DATE SIGNED
	SIGNATI		nun	10,1	M.	D. ASSISTAN	T MEDIC	CAL EXAMINERX	- 4-	
	EXAMIN NAME (	ER'S	Werner	U. Spi	tz, M.D.	ASSOCIAT	TE MEDI	CAL EXAMINER	1/2	2/67
	URIAL CRE		23B. DATE	2	3C. NAME OF CEMETERY	or CREMATOR	RY	23D. LOCATION (City	y, town, or	county) (State)
	VAL (Specify	")	7/05	67	Unlas Dadana	Cometa	207F	Bol timono M	۵	
	urial		1/25/		Holy Redeeme			Baltimore, M		
24A. D	ATE REC	WHAT	1967	24B. NAME	OF REGISTRAR		JNERAL D			ADDRESS
	۸.	~ .	1307	Wen fr	E. Forfeins			k Funeral Home,		
			2	1	CAMEUNA	200	رعائل ولداء	Madison Street	#5	
1/6 161	BCM 1/1/	15					1	E		



R-163
BIRTH NO.

BIRTH NO.

BIRTH NO.

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CASE NO.

CASE NO.

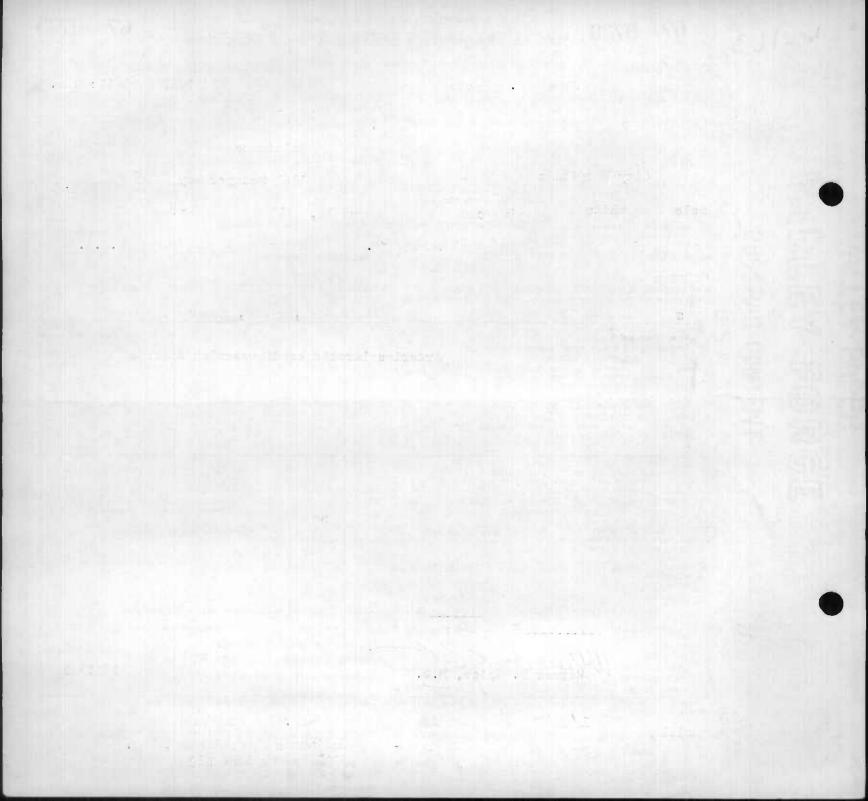
BALTIMORE CITY HEALTH DEPARTMENT

O739

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

67 0739

M.	E. CASE NO.								
1. (Tv	NAME OF DEC	CEASED				2. DATE AN	D HOUR PRONOUNCE	D DEAD	
			James R. I	Roberts			1/21/67	7	12:30 a. M.
3. 1	PLACE IN BALT	TIMORE, MARYLA	ND, WHERE PROP	OUNCED DEAD	A. STATE	Marylan	B. COU	tution: resi	dence before odmission)
HC	SPITAL OR	(IF NOT IN	HOSPITAL OR INS	TITUTION, GIVE STREET			le corporote limits, write	RURAL o	nd give township)
IN S	NOITUTITE					Baltim	oro	no	3/
	31	City Hosp	:+o1a		D. STREET ADD			110	24
		City Hosp					letzger Way	#5	1 4 4 4 4 4
5. 5	male	6. RACE white	WIDOWE	ed, NEVER MARRIED  D, DIVORCED (specify)  TOP COD	March 15		9. AGE (In years last birthdoy)	Months	T Yr. If Under 24 Hrs. Days Hours Min.
			d of work 10B. KIND	OF BUSINESS OR INDUSTRY			gn country)	12. CITIZ	
	heet Met	working life, even if - วาไ		nd Engineering	40.	Kansas			U.S.A.
	FATHER'S NAM		201	id angineering	14. MOTHER'S A		E		O.D.A.
	Unknown				Unkn	own			
			ARMED FORCES? ar dotes of service	16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRES	S
	ver	WW.			Lena Ro	ec frie	nd, above		
_	1B.	3 /	-h-sake	CAUSE	OF DEATH	0092120	na, above		INTERVAL BETWEEN
	4.00	968/ I		CAO 02	. OI BEATH				ONSET AND DEATH
	DISEA	SE OR CONDITI	ON DIRECTLY	Arterio	sclerotio	cardio	vascular di	sease	11 11 11 11 11 11
	heort foilure,	nat mean the m	nade of dying, e. t means the diseas	G. DIIE TO					
	injury or co	mplication which	coused death.)						
	1	ANTECEDENT .	CAUSES						
	DISEASES	OR CONDITION	IS, IF ANY, GIVIN	G (B) DUE TO					
	RISE TO TH	E ABOVE CAUSI	E (A) STATING TH	E					
Z				(C)					
은		II							
CERTIFICATION			ITIONS CONTRIBL						
H		R CONDITION C							
	19A. DATE OF		B. CONDITION FO AS PERFORMED	R WHICH OPERATION	20A. AUTOPS		IN CERTIFYING CAUS		
EDICAL		L CAUSE WAS	21	B. PLACE OF INJURY (e.g.,	in ar obout 21C.	WHERE DID	(If in Baltimare City, gi	ve exact l	acation)
0	UTING CAU	SE OF DEATH.		c.)					
Σ	21 D TIME OF INJURY	(Month) (Day)	(Year) (Haur)	21 E. INJURY OCCURRED	21 F. H	IOM DID INT	URY OCCUR?		
	(APPROX.)		n	WHILE AT NOT AT W	WHILE ORK				
	22. 1 cer	tify that I held	an Inquiry	Inspection X Au	topsy an	nd that on th	is bosis, deoth in m	ny opinio	n
	resul	ted from: Natu	ral causes X	Accident Suicid	e Homic	ide 🗌	Undetermined monne	er 🗌	
		1		C/1-	CHIEF	MEDICAL EX	CAMINER _		
	ACTUA	L ////	Buga h	6.26	ASSISTANT A	AFDICAL EX	KAMINER X		DATE SIGNED
	SIGNAT		Werner U.	Spitz, M.D. M.D	ASSOCIATE I				1/21/67
	EXAMIN NAME (	ALK 2		77-, 33.	ASSOCIATE	MEDICAL E	AAMINER		
	A. BURIAL CRE	MATION, 238. D	ATE	23C. NAME OF CEMETERY	OF CREMATORY	23D. L	OCATION (City,	tawn, ar	county) (State)
	0	1	/24/67	Baltimore	National	Cem.	Maryland		
24/	A. DATE REC'D	BY HEALTH DEP	T. 248. NAA	AE OF REGISTRAR			uneral Home,	T /	ADDRESS
		JAN 24 19	167 DO	AO TO				Inc.	
		W X ()	بهدامال	br. E. StarBerna	3334	, Brehma	Lane #13		
VS	151-REV 1/1/	45			0 1	0			



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BALTIMORE CITY HEALTH DEPARTMENT		OP	08446	-
CERTIFICATE OF DEATH	Registered Na	6/	0740	_

	BALTIMORE CITY	HEALTH DEPARTMENT		07 0746
BIRTH NO. 67 0740	CERTIFICA	TE OF DEATH	Registered Na	6/ 0740
M.E. CASE NO. ()		2. DATE	AND HOUR OF DEATH	7 21/4 2
3. PLACE OF DEATH IN BALTIMORE MARYLAND	010			stitution: residence before admission
FULL NAME OF (If not in haspital or institution, give	e street	Md	OUNTY  autside city limits, write R	URAL and give township!
Union Memorial A	Usoital	Baltimo D. STREET ADDRESS	(If rural, give lacation)	8-01
		2823	Brendan	ave.
Male Coursian Mar	DIVORCED (specify)	11/1/9/	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 H Months Days Hours Min.
dane during most of working life, even if retired	Employ 100	11. PARTHINACE (State or	foreign cauntry!	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Demonic Piccolo	engreged	14. MOTHER'S MAIDEN	NAME	
15, Was Deceased Ever in U. S. Armed Farces? (Yes, na or unknown!) (If yes, give war ar dates af service)	SECURITY NO.	17. INFORMANT (nee	Mancuso) W	rife ADDRESS
110	CALLEGO	MYS. Mar	9 1100010	Jame
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF	Stie Preur	wowa belafer	ONSET AND DEATH
(This does nat mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	DUE HO	out Myocas	deal Jutare	ful'
DISEASES OR CONDITIONS, if any, giving	DUE TO	J		
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)	***************************************		
II				000/
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				The Cope mind
19A. DATE OF OPERATION 19B. CONDITION FOR WHI	ICH OPERATION	20 A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE F	INDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)  21A. ACCIDENT WAS UNDERLYING 21B. PL. hame, etc.)	ACE OF INJURY (e.g., in larm, foctory, street, off	or about 21 C. WHERE DIE fice bldg., INJURY OCCUR	(tt in Baltimare	City, give exact lacation)
	At Work		INJURY OCCUR?	
22. I certify that (1) (this hospital) attended the		1/18	19 6 7 to	1/22 196
that (I) (we) last saw the deceased alive an	1/12	1 01		ian death accurred an the d
and haur and fram the causes stated above. (1) 4	We) (did) ( <del>did not) v</del> i	iew the bady after dear	th.	
23A. SIGNATURE				23B. DATE SIGNED
Viet VIII	M.D. Atter	nding Med. Director	Stoff Phys.	1/22/67
Male. Masson, 1				
23C. PHYSICIAN'S NAME (Type) NAT F WATSON ID	2	3D. ADDRESS	MEMORIAL	OCDITAL
NAT E. WATSON, JR.		THE UNION		OSPITAL
NAME (Type) NAT E. WATSON, JR.  24A. BURIAL CREMATION, REMOVAL (Specify)  24B. DATE  24C. NAME  (Type)  24C. NAME  (Type)  (Ty	M.D. 2	THE UNION		y, tawn, ar caunty) (State)

The MAME OF TEGISTIAN COMME

Schimunek Funeral Home, 3331 Brehms Lane

VS 150-REV. 1/1/65

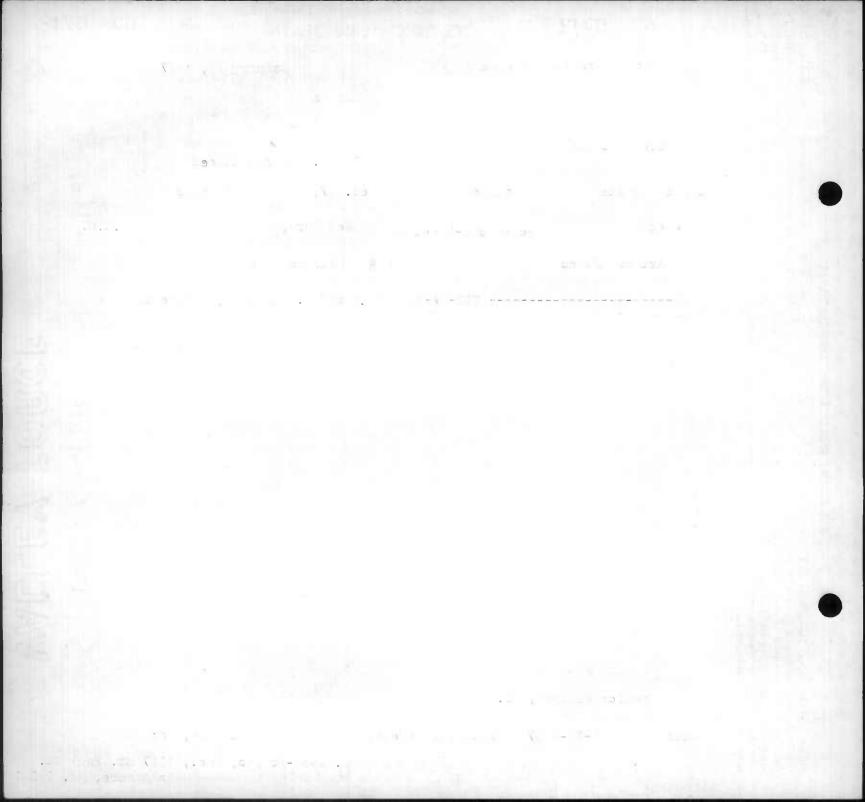
AT E. NATSON, JR.

in secres they see more freezente Burmens, Ho 217 AI's Herey He 81 C NIDENS 12/17/87 79 Cherenes Bether thetime Corners mounts that I fame Mycoardy Dufait Continues de Little pour - 10 mm 15 67 mm 10 mm

	d in a hospital and ing cause of death cause; (5) Deceased attendance on the
	if death occurre ect or contribut t) Undetermined was in regular
IMPORTANT	or his assistant Also, if the dire re of any kind; (4 nounced death
FUNERAL DIRECTOR: IMPORTANT	st be approved by the chief medical examiner or his assistant if death occurred in a hospital and ased to the hospital by a medical examiner. Also, if the direct or contributing cause of death lent of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased spital (except where the physician who pronounced death was in regular attendance on the
FL	ased to the hospital by lent of any nature; (2)

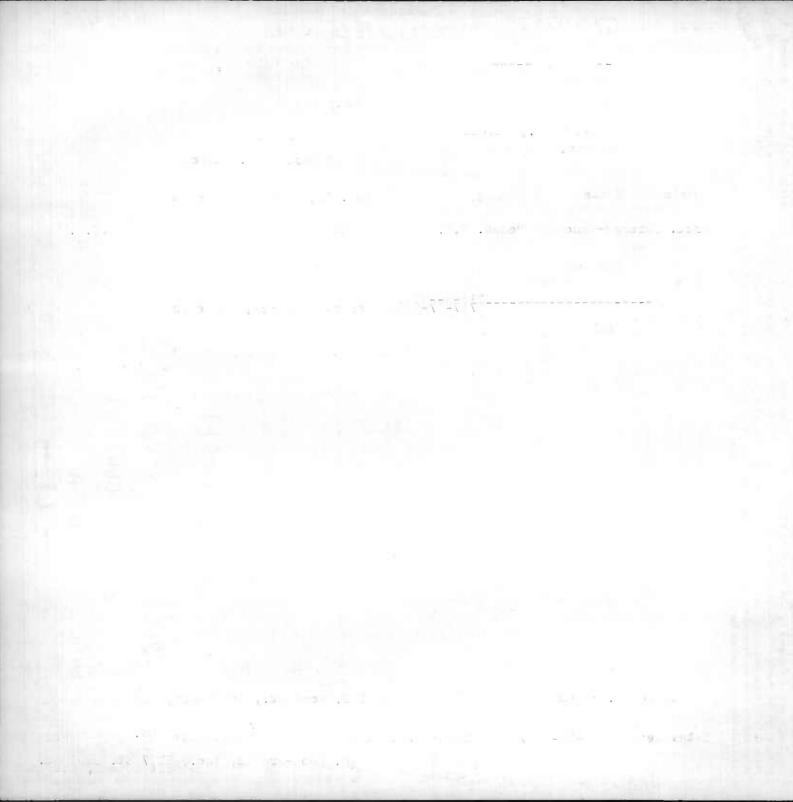
- 24A	do hay	Y HEALTH DEPARTMENT
F6658	BIRTH NO. 67 0742 CERTIFICA	ATE OF DEATH Registered No. 67 0742
and ase ase th th	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
- 0 0 c	Eva Elizabeth Buchwald 3. PLACE OF DEATH IN BALTIMORE MARYLAND	January 19, 1967 / M.
5)	FULL NAME OF (If not in hospital or institution, give street	A. STATE B. COUNTY Maryland
se; (se)	HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore
ting d cau d cau prior e.	3 / Mercy Hospital	D. STREET ADDRESS (If rurol, give location)  201 W. Madison Street
F 3 0 0 0	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	DATE OF BIRTH
tri tri mi gu	Female White WDOWED DIYORCED (specify) Married	Oct. 17, 1904 lost binholy bons Doys Hours Min.
en in the	done during most of working life, even if retired)  clerk  Supevisor-Election	New York, 12. CITIZEN OF WHAT COUNTRY?
D _ D 0 0 0	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Arthur Jones	Matilda Balk
stant ind; eath e on al di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
ssist the the kin de nce fina	No 212-07-9404	Edward F. Buchwald, Same as # 4
his as to, if fany nced enda d or	4000	DF DEATH INTERVAL BETWEEN ONSET AND DEATH
lso, of of the red	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	with muse and will inferction
. Als ure o onou r atte	(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	ente myocardial inferetion
niner. fractu o pro gular emba	injury or complication which coused death.)	at sel co duran 10 gr
amiina A fro	502.10	
ex (3) in s a	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the (C) UNDERLYING CONDITION lost.	
dical lical rrns; rsicia was	ll .	
W D 3	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
by a meet by a meet by a meet by a meet by brown by brown by brown by brown by brown by brown br	19A, DATE OF OPERATION WAS PERFORMED WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
== ====================================	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., or CONTRIBUTING   CAUSE OF   home, form, foctory, street, or DEATH (notify medical examina)	in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
Y TO S Z Z		21F. HOW DID INJURY OCCUR?
hosp natu ept d (6) ainec	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED  OF INJURY (APPROX.) Not White At Work  At Work	
S × × E t	22. I certify that (I) (this hospital) attended the deceased from	
app to the fan (fan (e); o	that (1) (we) last sow the deceased alive on	19.19 ond that in(my) (our) opinion death occurred on the date
0057	ond hour and from the causes stoted obove. (1) (We) (did) (did nat)	
ust be eased ident nospit deat	23A. SIGNATURE  M.D. At	tending Med. Stoff 23B. DATE SIGNED
a harred		ys. Director Phys.   1/21/6/
was rel was rel A. at a l prior to	Maurice Fildman, Jr. M.D.	2 FREAD ST.
	24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CR	REMATORY 24D. LOCATION (City, town, or county) (State)
bod ws: D.C ease	Burial 1-23-1967 Baltimore Cemet	tery Baltimore, Maryland
This certi the body shows: (1 was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS Wm. Gook-Brooks, Inc., 1217 St. Paul St.
E = 2 3 9 3	JAN 2 4 1967 10 Con & 2 House	Baltimore, Md. 21202

Police & E Falley MA Wm. Gook-Brooks, Inc., 1217 St. Paul St. 25A. DATE REC'D BY HEALTH DEPT. JAN 2 4 1967 Baltimore, Md. 21202



Such

			1.0	BALTIMORE CITY	HEALTH DEPARTMENT		67	0743	
	TH NO.	67 074	13	CERTIFICA	TE OF DEATH	Registered No	07	0740	
1. N	AME OF DECI	OHNGIOVANN	I <u></u>	- YACOVISSI		RY 20, 1967		-146	Μ.
3. 1	LACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WI		stitution: resi	dence before od	lmission)
1	FULL NAME O	F (If not in hospital oddress or location	or institut n)	ion, give street	Maryland	outside city limits, write	RURAL And c	ive townshin	,
'	NSTITUTION	423 West 23rd	1., S	treet	Baltimo		1)	-01	,
(		Baltimore, Ma				If rurol, give location)	1	,	
5. \$	Male	6.RACE White	Wid	RIED, NEVER MARRIED DWED, DIVORCED (specify) LOW&d	8. DATE OF BIRTH Aug. 25, 1881	9. AGE (In years lost birthdoy) 85 years	If Under 1 Months D	Yr. If Under	24 Hrs. Min.
don	e during most of v	PATION (Give kind of work vorking life, even if retired) eman=Track		o of Business or Industry	Italy	reign country)		OF COUNTRY? J.S.A.	
13.	FATHER'S NAM	NE .			14. MOTHER'S MAIDEN N	AME	1		
		Unknown			Unknown				
15. (Ye	Was Deceased	Ever in U. S. Armed For (If yes, give wor or dote	ces?	1 6. SOCIAL	17. INFORMANT		A	DDRESS	
	No			7777-87-6486	Jeanette Manes	s, Same as			
	18. / 3 4	E OR CONDITION DIE	ECTIV	CAUSE C	F DEATH			TERVAL BETWE NSET AND DEA	
		LEADING TO DEATH	CECILI	in Com	no Drock	11	4	su, an	nur
	heart failure,	al mean the made of asthenia, etc. Il means plication which caused	the dise			4		3	
		INTECEDENT CAUSES		(B) h	eterbores -	Charoline	rel		
	DISEASES O	R CONDITIONS, if	any, gi	DUE TO ving	(	0	1		
		abave cause (A) CONDITION last,	slaling	the (C)	3 0 totales am a 2 0 am ann a am a 2 am ann a an a ann a an a	# 60 # # 6 # ## # 60 6 60 0 = #60 0 60 mm m mbb 46 0 0 46		0 hahaw 1 0 1 0 1 0 1 0 1 0 1 0 0 0 0 0 0 0 0	
ATION	TO THE DI	FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO	TTING THE					
TIFIC	19A. DATE OF	OPERATION 198. CON	DITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS C USES OF DE	ONSIDERED ATH?	
CAL CE	OR CONTRIBU	TING CAUSE OF medical examiner		21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	e City, give	exact location)	
MEDI	OF INJURY	(Month) (Doy) (Year)	(Hour)	21E, INJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?			
>	(APPROX.)			While At Work Not While At Work					
	22. I certify	that (1) (this hospital	) ottend	ed the deceased from		ta		19_	
	that (i) (we)	last saw the decease	d olive	an	19and	that in (my) (aur) opi	nion deoth	occurred on t	the dote
-	and hour and	from the couses stor	ed obov	e. (1) (We) (did) (did not)	riew the body after death	le .			
	23A. SIGNATU	RE OP				e. "	23B. DATE	SIGNED	
	Nan	well ICI	ine	Phy		Stoff Phys.	21 yas	~67	
	NAME (T) Samue	l R. Pines		M.D.	23D. ADDRESS 2 E. Read St.	, Baltimore,	() Maryla	ind	
244	BURIAL CREA	AATION, 24B. DATE	24	C. NAME of CEMETERY or CR	EMATORY 24D.	LOCATION (C	ity, town, or	county)	(Stote)
	ntombmer		967	Lorraine Mauso	leum	Baltimore	Co.	Ma	ryland
25 A	DATE REC'D	BY HEALTH DEPT.	25B. NA	ME OF REGISTRAR	Wm. Cook-Bro	oks. Inc., 1	217 St.	ADDRESS S	t.
		N 9 4 1967 A	01	42 Farburna n	0 7 4 9	Ba	Itimore	Paul S 2m Mar	ÿland
VS	150-REV. 19476	A TOOL O	No Comment						



talant, 6 NE 17 - 5 PM Baltymo. 7 Church How a Half tag 11) 42 HOT 3 1001 PP 18-81-8 banger W. M. Cale Dentis 924mgO HARMAN Muchald . The state of the s Branchapumanas mocenist defensions Bekniereran 12/23/46 Presenting training 30-55-51 10/05/1 F. R. Ludenon church Home to there is In R ANDERSON 

attendance contributing cause stermined cause; (5) 0 = prior occurred (4) Undetermined regular mad eceased disposition Ξ O SID the direct 3 assistant death LO final attendance any pronounced 10 med 0 embal chief medical examiner regular 9 are 3 3 E physician remains medical MOS physician Body the the ō before 3 the here rne body was released to the hospital shows: (1) An accident ŝ 3 obtained 9 (except and Pe hospital death) must 0 approval 0 prior at D.O.A. eceased Was T

of death Deceased

and

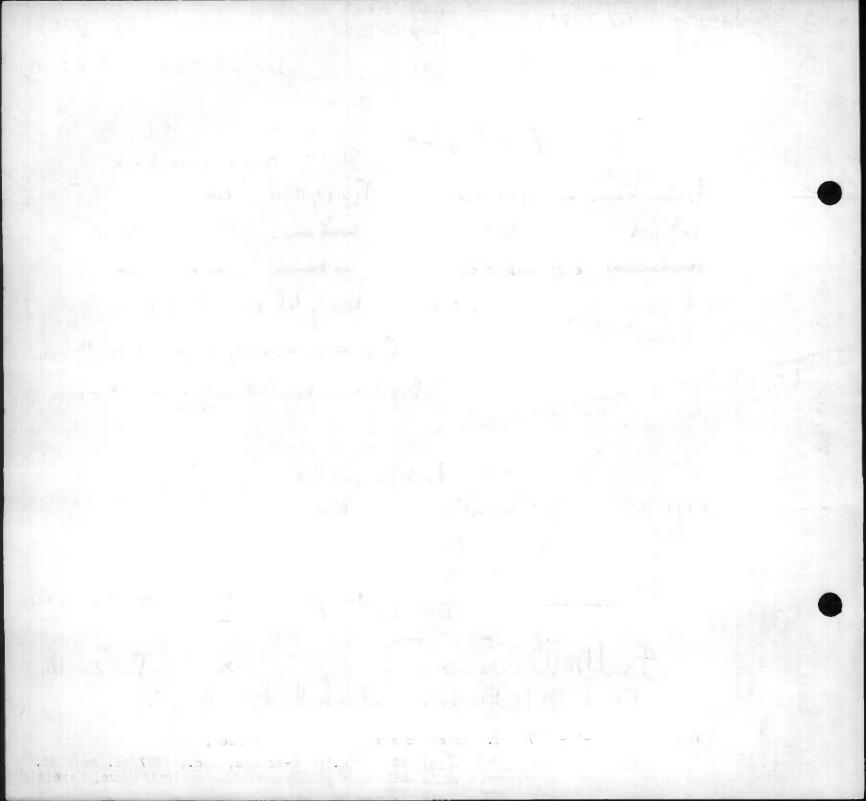
hospital

Such

death.

on the

BALTIMORE CITY HEALTH DEPARTMENT RIPTH NO CERTIFICATE OF DEATH M.E. CASE NO. 2. OATE AND HOUR OF DEATH (Type or Print) 2 eavac 0 6 an 4. USUAL RESIDENCE (Where deceosed/lived, If institution; residence before admission) 3. PLACE OF DEATH IN BASTIMORE, MARYLAND B. COUNTY A. STATE FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give hi C. CITY OR TOWN oddress or location (If outside city limits, write RURAL and give township) 611 heihna (If rural, give location) D. STREET ADDRESS 600 ane owner 7. MARRIED, NEVER MARRIED
WIDOWED, DIVORCED (specify) If Under 1 Yr. Months: Dovs If Under 24 Hrs. 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years Hours lost birthdovi 1900 6 aucasi ar 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA CE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of werking life, even if retired) OHTO ***** 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Vrong sky the the steady sky sky sterk skede skede skede skede skede sk Henry Busemever Elizabeth Baune 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dates of service) ADDRESS 17. INFORMANT 6. SOCIAL SECURITY NO. Unknown (how 6 INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenio, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH, OPERATION 20A. AUTOPSY? (Yes or Not 9A DATE OF OPERATION 20B. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? retiha 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) etc.) None MEDIC 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work Jar 19 67 22. I certify that (I) (this haspital) ottended the deceased fram 20 1967 lar that (I) (we) lost sow the deceased alive on and that in (my) (aur) apinian deoth occurred an the dote and hour and from the causes stoted above. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNAT 23 B. DATE SIGNED Attending Stoff M.D. Med. Phy s. Phys. Oirector 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION. 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY LOCATION town, or county! REMOVAL (Specify) 1-24-1967 Burial Mt. Moriah Cemetery Tabasco, Ohio 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. SC. FUNERAL DIRECTOR AODRESS Wm. Cook-Brooks, Inc., 1217 St. Paul St. Baltimore, Maraland VS 150-REV, 1/1/65



death

Cause

360		BALTIMORE CITY	HEALTH DEPARTMENT		OW
IRTH NO.	67 0746	CERTIFICA	TE OF DEATH	Registered No.	67 0748
NAME OF DE	CEASED		2. DATE AI	ND HOUR OF DEATH	
Type or Print)	LAURA	M. POTTER	1/2	2/67	2:45 AM
PLACE OF D	EATH IN BALTIMORE, MA			ere deceased lived. If	institution: residence before odmis
FULL NAME HOSPITAL OR INSTITUTION		or institution, give street in)	C. CITY OR TOWN (If ou	tside city limits, write	PURAL and give township)
01	Bolton	Hill Nursing Home	Baltimore D. STREET ADDRESS (IF	rutol, give location	1140
7		te & John Sts.	6135 Parkway	Drive	
- SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Months Doys Hours M
Female	White	WIDOWED, DIVORCED (specify) Widowed	8/30/77	lost birthdoyl	Months Doys Hours M
	CUPATION (Give kind of wor of working life, even if retired)	108 KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
Housew	ife	Own Home	Novescotia		USA
3. FATHER'S NA	AME		14. MOTHER'S MAIDEN NA	ME	7 7 7 7
	(Unknown	•	Unkno	wn	
5. Was Decease Yes, no or unknov	ed Ever in U. S. Armed Fo	es of service	17. INFORMANT		ADDRESS
			Patients Ch	arta	
No	DIEO	CAUSE O	Patients Ch	arts	INTERVAL BETWEEN
DISE	ASE OR CONDITION DI	RECTLY (A) Fr			ONSET AND DEAT
	LEADING TO DEATH	E 13 3 Fr	actured hip		one Month
(This does	nat mean the made at	dying, e.g. DUE TO		**************************************	· · · · · · · · · · · · · · · · · · ·
	amplication which caused	d death.1			
	ANTECEDENT CAUSES	7 3		P\$ 00 00 00 00 00 dans 000000000000000000000000000000000000	
DISEASES	OR CONDITIONS, if	any, giving 3 4 5 TO			
lise to t	the abave cause (A)	stating the		o e co coo o co co coo coo co co co co co c	
UNDERLYIN	NG CONDITION last.	21 2 8			
Z 071155	11	E Q E	erotic Corches	vn a av 1 a	
E TO THE	DEATH BUT NOT REL	ATED TO THE 2 1	erotic Cerebro-	vascular	
DISEASE O	R CONDITION CAUSING	it. disease	20A, ABTOPSY? (Yes or N	o) 208 IF VEC WEDE	several yes
19A. DATE C		FORMED	30,000,000		AUSES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of		(If in Boltimo	re City, give exact location)
	ify medical examiner	etc.) home		kway Drive	27-48
0 21 D. TIME	(Month) (Doy) (Year)		21F. HOW DID IN.	URY OCCUR?	
OF INJURY	D 17 100	While At Not While At Work	+-	up to walk,	0 .
22 1	Dec 17, 196	AA 00	und Light	leg collap	sed
		1) ottended the deceased from			
		ed olive on Jan 22		nat in (my) (our) op	inion deoth occurred on the
and hour o		ited obove. (1) (We) (did) (did not) v	iew the body after death.		
	TURE 22	$\bigcirc$ 1		6. 11	23B, DATE SIGNED
23A. SIGNA		M.D. Atte	ending Med.	Stoff Phys.	1/22/67
23A. SIGNA	Elfword 4	Phy			1/////
\$	Elfavor Ly	Phy	23D. ADDRESS		1/22/67
23C. PHYSICINAME		Phy	23D. ADDRESS		
23C. PHYSICI NAME	E Ellswon	Phy	23D. ADDRESS 2431 Maryland	Ave Baltim	
23C. PHYSICI NAME	E Ellswon	cth Cook M.D.	23D. ADDRESS 2431 Maryland	Ave Baltim	ore, Md.

1967

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VS 150-REV. 1/1/65

Cook-Brooks Inc. Baltimore, Md. 2

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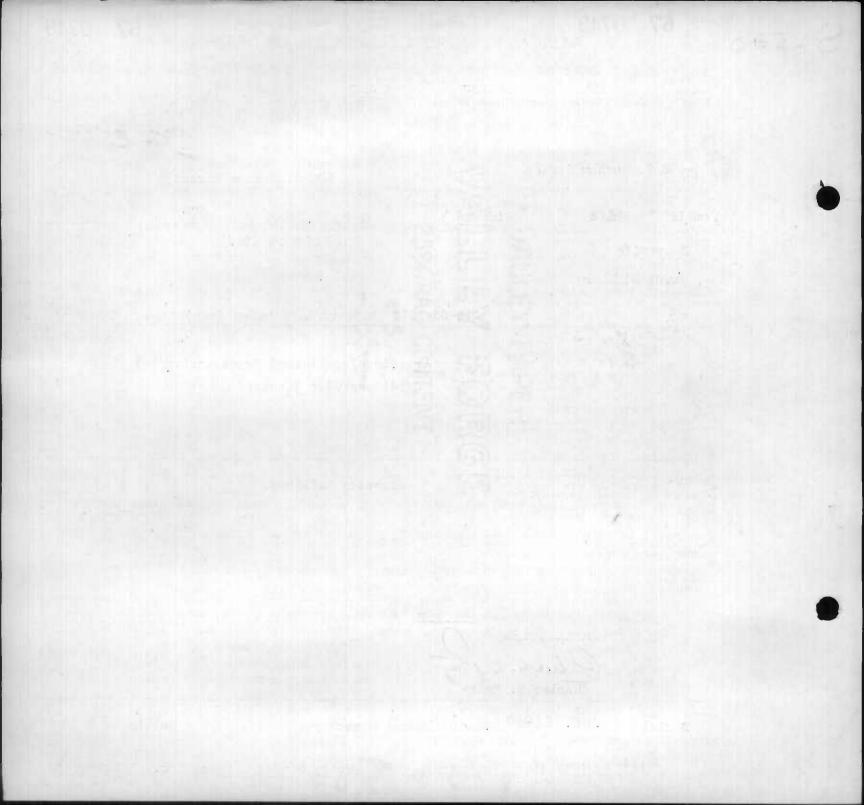
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

67 0747	BALTIMORE CITY	HEALTH DEPARTMENT		CM OF AR
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na.	. 67 0747
M.E. CASE NO.  I, NAME OF DECEASED  Type or Print)  Griffin, C	yrus E.		AND HOUR OF DEATH	11;55 A.
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (V. A. STATE B. CO	where deceased lived. If	institution: residence before admissio
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution oddress or location)  Provident Hospital Or institution oddress or location)		Maryland c. city or town (if Baltimore D. STREET ADDRESS	outside city limits, write  (If rurol, give location)	RURAL and give township)
C / Latermore, 12	ary Land 21217	316 N. Ca	alhoun Street	t
Male Negro Wido	IED, NEVER MARRIED WED, DIVORCED (specify)	8. DATE OF BIRTH 5-10-1896	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
Retited School Sys. Pub	The School	Penn.,Ch	aatam	U.S.A.
3. FATHER'S NAME	TTOTAGGIOOT	14. MOTHER'S MAIDEN	NAME	U + D + H +
Cyrus E. Griffin Sr.		Mary E. Co	oper	
5. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS
(es, no or unknown) (If yes, give wor or dotes of service	SECURITY NO.			
18.33/X I	212-22-5678		ornelius	4290 Miami Place
(This does not mean the mode of dying, a head failure, osthenio, etc. It means the disectingury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, givenise to the obove cause (A) stating UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS THE DEATH BUT NOT RELATED TO	(B) HJ DUE TO TING	/pertension		
DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE IN CERTIFYING C.	E FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., i home, form, factory, street, o etc.)	n or obout 21C. WHERE DIE ffice bldg., INJURY OCCUR	(If in Boltimo	ore City, give exact facation)
	21 E. INJURY OCCURRED  While At Work  At Work	le C	INJURY OCCUR?	
22. I certify that (I) (this hospital) attende	ed the deceased fram	1-16-67	19to	1-22-67 19
that (1) (we) lost sow the deceased alive a	. 4-			pinian death accurred an the de
and hour and from the causes stated obave				
23A. SIGNATURE				23B. DATE SIGNED
A. W. Rli	M.D. Att.	ending Med. Director	Stoff Phys.	1-22-67
23C.PHYSICIANS NAME (Type) Dr. Khilfico	M.D.	23D. ADDRESS	ision Street	
44. BURIAL CREMATION, 24B. DATE 240	C. NAME of CEMETERY OF CR			City, town, or county) (State)
REMOVAL (Specify)	Arbutus Memoria		altimore Co.	
	AE OF REGISTRAR	25C. FUNERAL DIRECT	TOR	W. North A ve
JAN 2 4 1967 07 Page (5 150-REV. 1/1/65	b. E. Starker M. R.		Ŏ	



g (MI) 18 . To the state of - H 4190512 JUMBER OF BRIDGE THLOUGH ONCE BUT I 4.5 " /22 morre in red Bern Morrows Limotery J. Barney 2.01

_ 1	67	0749		BALTIMORE CITY HEAL	TH DEPARTMEN	NT	C	מאניים עי	
2-290	BIRTH NO.		ICAL EX	(AMINER'S C	ERTIFICA	TE OF DEATH	Registered No.	0/40	
	I. NAME OF DE	A.E. CASE NO.  NAME OF DECEASED			2. DATE AND HOUR PRONOUNCED DEAD				
	(Type or Print)	ANNA	MII	LER S	CHWING	January 22,	1967	1 A. M.	
	3. PLACE IN BAL	TIMORE, MARYLAND, V	VHERE PRONOL	JNCED DEAD	4. USUAL RESID	DENCE (Where deceased live	ed. If institution: res		
	FULL NAME OF	OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET				Maryland  C. CITY OR TOWN (If autside corporate limits BURAL approprie township).			
	HOSPITAL OR	Baltimore					0		
	408 8	08 S. Durham Street  D. STREET ADDRESS (If rurol, give locotion) 408 S. Durham Street				reet			
	WIDOWED, DIVORCED(specify)   last birthday)   Mar				In years If Und	er 1 Yr. If Under 24 Hrs. Days Haurs Min.			
	Female	White		owed	Oct, 27	a ±007	77		
		working life, even if retired)	rk 108 KIND OF	BUSINESS OR INDUSTRY		(State or foreign country) imore Md.		ZEN OF AT COUNTRY? USA	
	13. FATHER'S NA			71.17	14. MOTHER'S M				
		Miller			Not K	nown			
		ED EVER IN U.S. ARME		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS				
	no			218-03-9878	Vincent	L. Schwing (so	n) 2417	Kentucky Ave	
	(This does heart failur injury or c DISEASES RISE TO T	ASE OR CONDITION D  LEADING TO DEAT not meen the mode of the course of t	H  f dying, e.g., s the discose. deoth.)  ES  ANY, GIVING STATING THE	<b>KOKXIXX</b>		c and Hyperter	nsive		
	OTHER SIG	11	CONTRIBUTION	10					
	- 10 IIIE	GNIFICANT CONDITIONS DEATH BUT NOT R OR CONDITION CAUSIN	ELATED TO T	HE Dia	betes Mel	litus.		• • • • • • • • • • • • • • • • • • • •	
	1 -	F OPERATION 198, CO		WHICH OPERATION	20A. AUTOPSY		WERE FINDINGS NG CAUSES OF D		
	UNDERLYING	AL CAUSE WAS	21 8, home etc.)	PLACE OF INJURY (e.g., farm, factory, street,	in ar about 21C.	WHERE DID (If in Boltimor	e City, give exoct	lacation)	
	21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Ye	\	WHILE AT NOT NORK	WHILE	OW DID INJURY OCCUR?			
	22.	rtify that I held an				d that an this basis, de	eath in my apinle	an .	
		ilted fram: Natural co		Accident Suicid	e Hamic	ide Undetermin	ed manner		
	ACTU		arles I	levy M.D	ASSISTANT M	MEDICAL EXAMINER EMPLEMENTED		DATE SIGNED	
	EXAMI	(Type) Charl	es S. Pe			MEDICAL EXAMINER		1/23/67	
	23A. BURIAL CR REMOVAL (Spec Buria	ify) Ton 24	12060	C. NAME of CEMETERY of New Cathedral		23D. LOCATION	Baltim		
	24A. DATE REC'	D BY HEALTH DEPT.		OF REGISTRAR		AL DIRECTOR		ADDRESS	
		JAN 2 4 1967	P. P. Fr	2 Farbuna	Henry	Sander & Sons	, Inc., B	altimore	
	V\$ 151-REV. 1/1	/65	1 49	5/11		() ()			



NAME (Type)

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Mr. Charles Arnold-210 Bowleys Quarters INTERVAL BETWEEN RO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injuly of complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above couse (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No! WAS PERFORMED (If in Boltimore City, give exact location)

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF (NJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY DCCUR? DEATH (notify medical examiner) etc.) MEDIC. (Manth) (Day) (Year) 21 E. INJURY OCCURRED 21 D. TIME (Hour) 21F. HDW DID INJURY OCCUR?

OF INJURY While At Not While F (APPROX.) Al Work Work

22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last sow the deceased olive an .... ecumber and that in (my) (pur) opinion death accurred on the date

ond hour and from the couses stated above. (1) (We) (did) (did not) view the body after death.

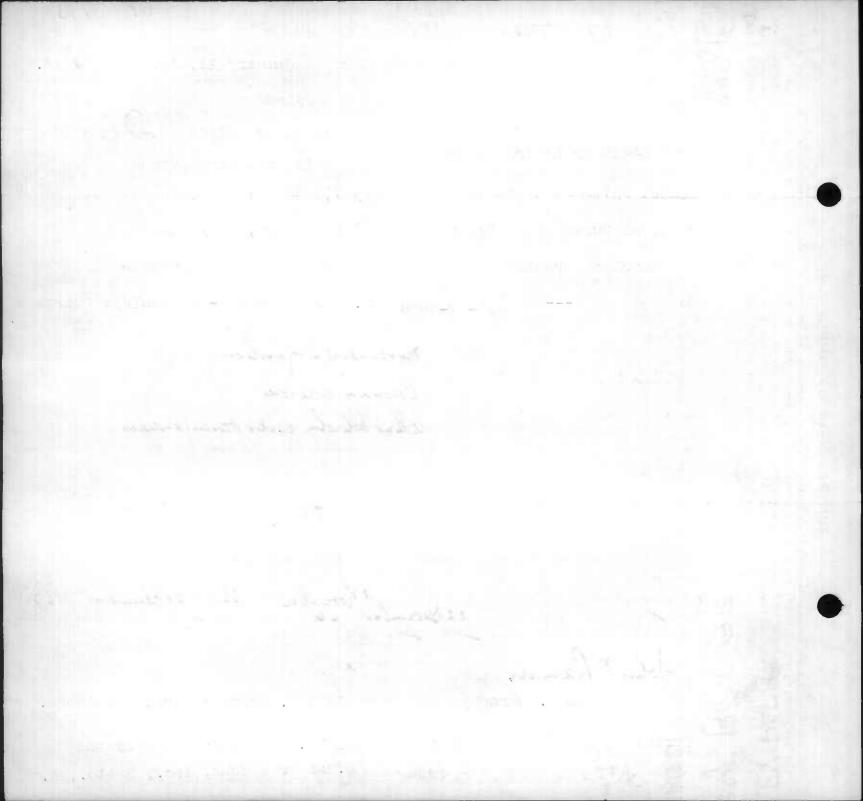
			,		
John Maruah	M.D.	Attending Phys.	Med. Director	Staff Phys.	238, DATE SIGNED
23 C/PHYS/CIAN'S		23D. ADDRES	S		

23D. ADDRESS John W. Barnaby

North Avenue, Baltimore. 1531 M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION REMOVAL (Specify)

Moreland Memorial Pk. Burial Baltimore.

H. Sander & Sons, Inc., Balto., Md. VS 150-REV, 1/1/65



## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such

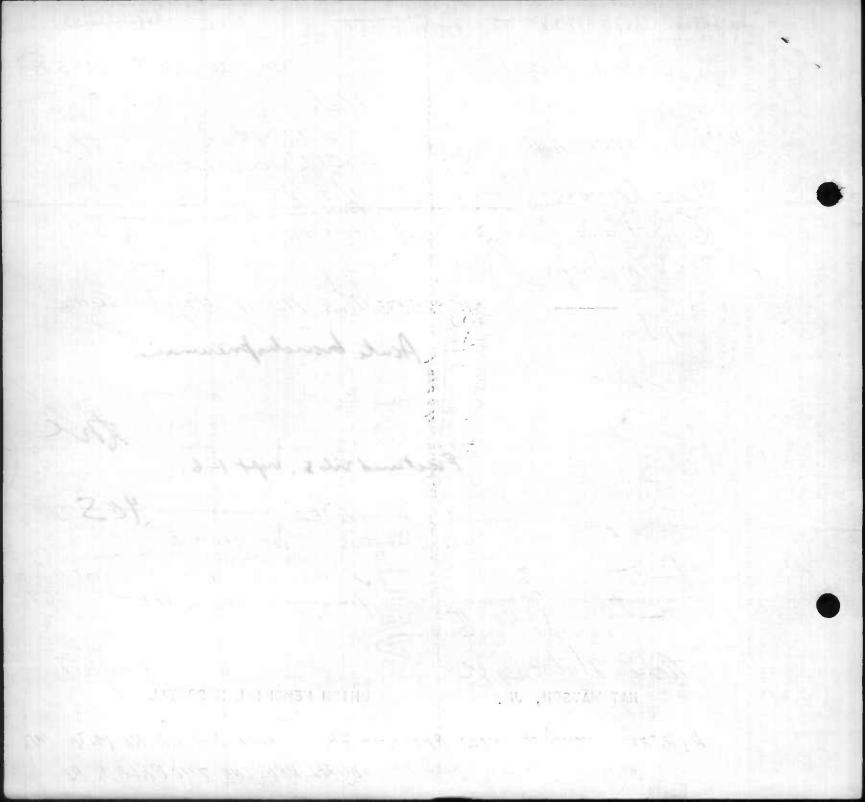
CM OMITA	BALTIMORE CIT	Y HEALTH DEPARTMENT		C PM
BIRTH NO. 67 0751	CERTIFICA	ATE OF DEATH	Registered Na	67 0751
1. NAME OF DECEASED (Type of Tont)  3. PLACE OF DEATH IN BALTIMOPE, MARYLAND	y Rowe	20.	January 19	67 9:24 A.M. Intion: residence before admission)
FULL NAME OF (If nal in hospital ar institu HOSPITAL OR oddress or location)	tion, give streel	Maryland	Baltin dide city limits, write Ryll	nore CITY RAL add give township)
University Hos		D, STREET ADDRESS (If	Mulberry	St
WID	OWED, DIVORCED (specify)		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min.
	home	Virginia		12, CITIZEN OF WHAT COUNTRY?
Harrey Carter	-	Amanda	Rowe	
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of sen	security NO.	hospital	records	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE	cute myoca	idial info	interval between onset and death
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dis injury ar camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, grise to the abave cause (A) stating UNDERLYING CONDITION last.	(B) Ar	teriosclerosi		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  194. Date of Operation 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIN	DINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID		ity, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At  Not Wh. Work  At Work		IRY OCCUR?	1
22. I certify that (++) (this hospital) attended that (++) (we) lost saw the deceased alive	on 1/20	19 6 7 and the		an death accurred on the date
and hour and from the causes stated about 23A. FIGNATURE  WOULD  23C. PHYSICIAN'S NAME (Type)	11		Shoff 23	20 January 196
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Society)  BURIAL  124/67	AC. NAME OF CEMETERY OF CE	KEMATORY 24D. 10	HOSPI CATION FICTORY,	Total layofor County) (State)
JAN 2 4 1967 OF US 150-REV. 1/1/65	L. A. E. Farluma	The Light June	ual Home 3	199 Sourceles St.

F C widow Cotolists 73 remaind of the Larvey Carter . Amarda forme. thrown Laborated the second seems L. Howard Kniveresty Harpilal the state of the state of the state of the Halinton Junior Home Della States

			BALTIMORE CITY	HEALTH DEPARTMENT		Cital Oleran	
-		1 NO. 67 0752	CERTIFICA	TE OF DEATH	Registered Na.	0/ 11752	
	1.NA	CASE NO.  AME OF DECEASED 3	1	2. DATE AN	D HOUR OF DEATH	0	
		ACE OF DEATH IN BALTIMORE MARYLAND		4. USUAL RESIDENCE (When	20-1967	5 50 Am.	
	3. PL	ACE OF BEATH IN BALTIMOSE, MARITAND		A. STATE B. COUN		iution; residence before odmissign/	
	He	JLL NAME OF (If not in hospital or instituti OSPITAL OR address or tocation)	RAL and give towns (a)				
1	11	ISTITUTION	20-07				
1	L	UTHERAN HOSP. of	15-				
	5. SE	X 6. RACE 7. MARR	Are				
	1	VALE COLOR WIDO	ff Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
		USUAL OCCUPATION (Give kind of work 10 B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?	
	1	et bone 11		N.	C,		
	13. F.	ATHERS NAME		14. MOTHER'S MAIDEN NAM	WE //		
		JOHN DayIS		Sa//10 )	YOKIZYG		
	15. W (Yes,	vos Deceased Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or dotes of servi	ce) 16. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS	
	-	NO	943-05-1953	Albert Davi	5 1624 749	INTERVAL BETWEEN	
		DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH				
	LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. II means the disease,						
	injury ar camplication which caused death.)  ANTECEDENT CAUSES  (B)  DUE TO						
		DISEASES OR CONDITIONS, if ony, give					
rise to the abave couse (A) stating the (C) UNDERLYING CONDITION lost.							
	1_	II					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING TO THE  199A. DATE OF OPERATION 199B. CONDITION FOR WHICH OPERATION WAS PERFORMED  190A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
	0 2	21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Bottimore	City, give exact location)	
		OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	fice bldg., INJURY OCCUR?			
3	0 2	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?		
	2	(APPROX.)	While At Not While At Work	100 1007		20	
	2	22. I certify that (I) (this hospital) attend	- 0	4	19 67 10 /-	<u> 40 - 1967,</u>	
	1	that (I) ((we)) ast saw the deceased alive		·	at in (my) (aur) opini	an death accurred an the date	
		and haur and from the causes states above	e. (I) (We) (did) (did nat) v	iew the bady after death.		23 B. DATE SIGNED	
		The sur	M.D. Atte	ending Med. Director	Stoff Phys.	1-20-1967	
	2	23C. PHYSICIAN S	00/	23D. ADDRESS	1	BALTIMORE - 7.	
		JOSE K. STU	IRICH M.D.	2519 galen		BALIMORE-7.	
	24A.	REMOVAL (Sporty)	C. NAME OF CEMETERY OF CRI	MATORY 24D. L	CATION CONY	(Stote)	
,	25A.	DATE REC'D BY HEALTH DEPT 28. NA	ME OF REGISTRAR	25C. EUNERAL DIRECTOR	our ful	ADDRESS	
		JAN 24 1967 R.C.	be talled	Wellion 15 Fin	word Home;	31041 KALINENON St.	

VS 150-REV. 1/1/65

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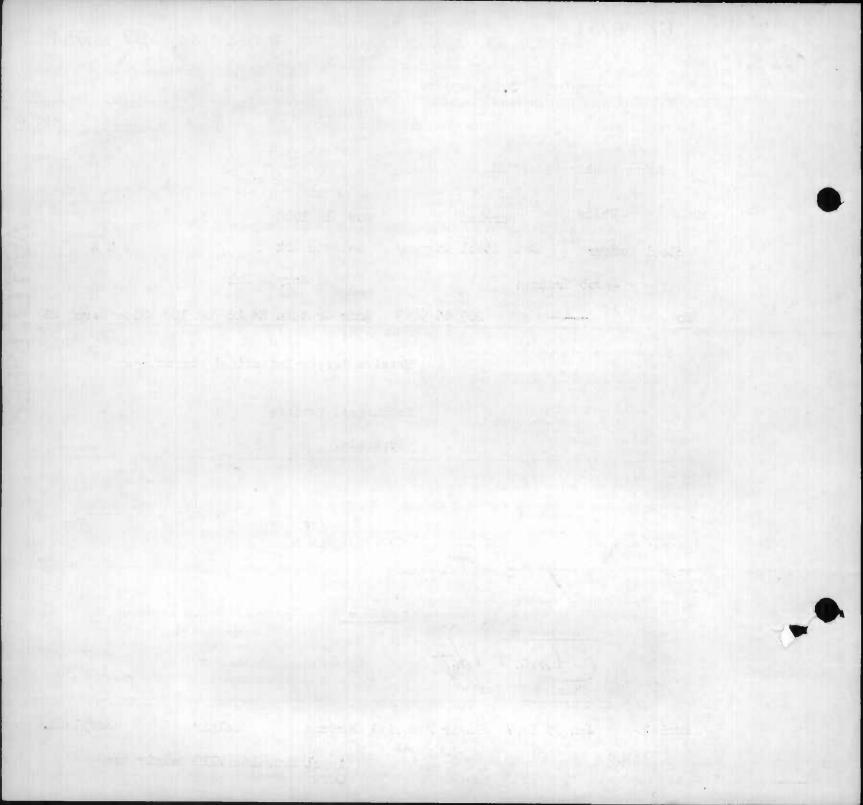


67 0754 BALTIMORE CITY HEALTH DEPARTMENT

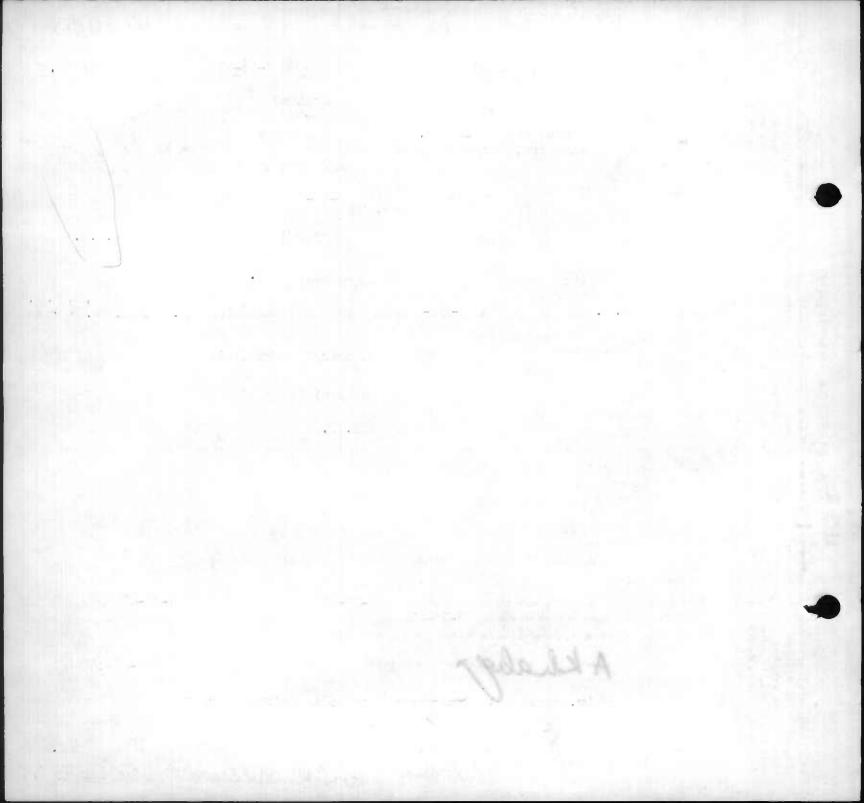
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BIRTH NO.	MEDI	CAL EX	KAMINER'S CI	ERTIFICATE (	OF DEATH RO	greyered 6.7	0754
M.E. CASE NO.							
1. NAME OF DEC	EASED			2. DA	TE AND HOUR PRONC		
liype or Prints	ANDREW	J.	KRATZEN		January 22,	1967	1:45 P
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE A. STATE Maryla		If institution: residence COUNTY	ence before admissio
FULL NAME OF HOSPITAL OR	ADDRESS OF LOCA	AL OR INSTIT	UTION, GIVE STREET		f outside corporate limits	, write RURAL on	d give township)
INSTITUTION				Cowent	on	. 4	7-00
2 3 Tob	ns Hopkins H	oenite1		D. STREET ADDRESS			7
301	ins noberns if	ospicai		Vincer	nt Road		
5. SEX	6. RACE		, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In lost birthday)	yeors If Under	1 Yr. If Under 24 Hr
Male	White		DIVORCED(specify)	Nov 18 191		Months	Doys   Hours   Min.
			ried F BUSINESS OR INDUSTRY			12. CITIZE	N OF
done during most of v	working life, even if retired)					WHAT	S A
Steel 3. FATHER'S NAM	Worker	De m 2	teel Company	Colgate Ar		0	SA
OF ALLER 3 HAVE							
S WAS DESCRIPTION	Jacob Krat		16. SO CIAL	Mar 17. INFORMANT	y Unk	ADDRESS	
	(If yes, give wor or dote		SECURITY NO.	7. INFORMANT		ADDRESS	
No			209 05 9283	Anna Kratze	n Rt 16 Box	180 White	March Md
1B C	-10.		CAUSE	OF DEATH			INTERVAL BETWEEN
DICEAC	CE OR CONDITION DI	DECTIV					ONSET AND DEATH
DISEAS	SE OR CONDITION DI LEADING TO DEATH	KECILI	Mass	ive Gastro-I	ntestinal He	morrhage	
(This does n	not meen the mode of	dying, e.g.,	DUE TO	IVC GABELO I	ilee De Ling Ling		***************************************
injury or cor	osthenio, etc. It means mplication which coused	deoth.)					
Δ.	NTECEDENT CAUSE	c	Feen	h 1 . 77 1 -			
	OR CONDITIONS, IF A		(B) ESOP	hageal Varic	es		
RISE TO TH	E ABOVE CAUSE (A) S'						
	TO CONDITION EAST.		(c) Cirr	hosis.		,	***********
OTHER SIGN TO THE DISEASE OF	11						
OTHER SIGN	NIFICANT CONDITIONS						
DISEASE OF	DEATH BUT NOT RE						
19A. DATE OF			WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208. IF YES, WI		
02	WAS PER	FORMED		Yes	IN CERTIFIE	CAUSES OF DEA	Yes
	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE	DID (If in Boltimore C	ity, give exoct lo	cotion)
	OR CONTRIB-	etc.)	e, form, foctory, street, c	mice bidg., INJURT OCC	.UK?		
E 21D TIME	(Month) (Doy) (Yeo	r) (Hour)	21 E. INJURY OCCURRED	21F HOW D	ID INJURY OCCUR?		
OF INJURY	(Month) (Doy) (Teo				ID INJURI OCCUR.		
(APPROX.)		m.	WORK NOT AT W	ORK ORK			
22.	tify that I held an I	nguiry	Inspection Aut	apsy and that	an this basis, deat	n In my apinlar	1
	ted fram: Natural ca				Undetermined		
resui	rea fram: Natural Ca	uses A	Accident _ Suicia		AL EXAMINER	mainter	
ACTUAL	(1)		1		_		DATE SIGNED
SIGNAT		riles 3	Telly M.D.	ASSISTANT MEDIC			1/24/67
HAME (	(1000000	s S. Pe	etty	ASSOCIATE MEDIC	AL EXAMINER		2/21/01
23A. BURIAL CREATER REMOVAL (Specify		23	C. NAME of CEMETERY	CREMATORY	23D. LOCATION	(City, town, or c	county) (Stote)
Buri al		1967	Belair Menoria	al Gardone	Belair		Maryland.
	BY HEALTH DEPT.		OF DECHATION	24C. FUNERAL DI		A	DDRESS
		12 O. fr	Mywolist 3.	3.5	T 0770	Dall ad to De	

VS 151-REV. 1/1/65



FL	LL NAME OF		t or institution, give street	A. STATE B. CO Maryland	Baltimor	nstitution: residence before admiss
IN	STITUTION		nt Hospital, Inc. nore, Maryland 21217	Baltimon	outside city limits, write	RURAL ond give township)
	91		10109 1011 1 1011	1437 Argy	Le Avenue	
	Male	6. RACE Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Divorced	8. DATE OF BIRTH 9-19-18	9. AGE (In years tost birthdoy)	If Under 1 Yr. If Under 24 Months: Doys Hours Mi
	during most of w	vorking life, even if retired			oreign country)	12. CITIZEN OF WHAT COUNTRY?
13. F	ATHER'S NAM	loyed	None	Maryland 14. MOTHER'S MAIDEN N	NAME	U.S.A.
15 W	James	Jackson Ever in U. S. Armed F	orces? 16. SOCIAL	Eleanora	M. Jackson	ADDRESS
(Yes,	no ar unknown)	(If yes, give wor or do	tes of service) SECURITY NO.		1105 7	10469 N V C
ال	es 8. 000	2 // 1	197-67-2290 CAUSE C	F DEATH	ion 1195 E.	222nd St. Brons INTERVAL BETWEEN ONSET AND DEATH
10	DISEAS	E OR CONDITION D	4		7	
	This does no	ot meon the mode o	of dying, e.g., DUE TO	Pulmonary Tuber	rculosis	
	njury or com	plicotion which couse	ed death.)	Pneumonitis		
		ANTECEDENT CAUSE	DUE TO	Fuenmoniters	**************	
	ise to the	R CONDITIONS, if obove couse (A CONDITION lost.	ony, giving ) sloting the (C)	D. T.		
z	OTHER SIGNIE	FICANT CONDITIONS	CONTRIBUTING			
ATIO	TO THE DE	EATH BUT NOT REI	LATED TO THE			
CERTIFICATION	9A. DATE OF	OPERATION 198. CO	NDITION FOR WHICH OPERATION		Na) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
- 19	IA. ACCIDEN OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF medical examiner	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR	(tf in Boltimor	e City, give exact location)
20	ID. TIME	(Month) (Day) (Yeo		21F. HOW DID	INJURY OCCUR?	
×	APPROX.)		White At Nat Whi	le 🗌		
2	2. I certify	that (1) (this hospit	ol) ottended the deceased from	1-16-67	19to1	-16-67 19
1	hot (I) (we)	lost sow the deceo	sed olive on 1-16-67	19ond	that in (my) (our) opi	inion deoth occurred on the
l L			oted obove, (I) (We) (did) (did not)	view the body ofter deot	h.	
23A. SI	3A. SIGNATU	A. KI	halig > M.D. AH	ending Med. Oirector	Stoff Phys.	1-17-67
	3C. PHYSICIAL NAME (Ty	(ne)	halig M.D.	23D. ADDRESS 1514 Divi	sion Street	
4	77777	Dr. • IV				
		MATION, 24B. DATE	24C. NAME of CEMETERY OF CR		LOCATION (C	ity, town, or county) (Sto



Wm. Cook-Brooks, Inc., 1217 St. Paul St.

Baltimore 2. Md.

Service of the servic · CAN GARDON CONTRACTOR OF THE CONTRACTOR OF THE

VS 150-REV. 1/1/65

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Deceased

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attendance

cause; (5)

death.

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prior

Wm. Cook-Brooks Inc. Baltimore, Md. 21202

the Such

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and

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) MURIEL F. ELLISON 727 PLACE OF DEATH IN BALTIMORE, 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) BALTIMORE (If autside city limits, write RURAL and give township) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS same as 4D INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (aut) opinion death accurred on the date 23B. DATE SIGNED (City, town, or county) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL 25C. FUNERAL DIRECTOR ADDRESS Cook-Brooks Towson Inc. 1050 York Rd. Wm VS 150-REV. 1/1/65

12/15/70 - See items 22, 23-B and 24-B. Also item 25-A.

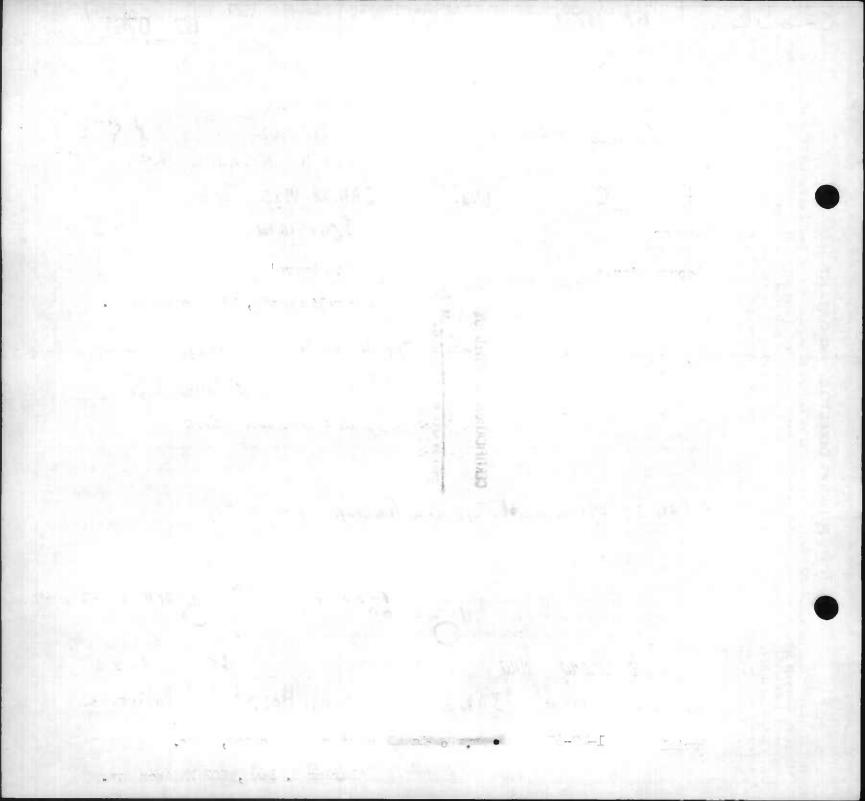
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IMPORTANT FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. FICATE OF DEATH M.E. CASE NO. 4. USUAL RESIDENCE (Where deceased lived, II institution: residence LZIMORE ond give If Under 24 Hrs. Hours Min. If Under 1 Yr. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 208. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 6.7 and that In(my) (our) opinion death accurred on the date 23 B. DATE SIGNED MARYLANCE 10 WSON + NC

		MAN	OF TOTAL		BALTIMORE	CITY HEALTH D			ON	05100
BIRTH	H NO.	67	0760	)	CERTIFIC	CATE OF	DEATH	Registered N	10. 6/	0760
	CASE NO.	FASED						ND HOUR OF DEA	ATH .	
	e or Print)		Royer	na C. N	elson		_		. 1967	
3. PI	LACE OF DEA	TH IN BALTIA			01011		RESIDENCE (Who	ere deceased lived.		ence before admis
						A. STATE	B. COU	NTY		
	ULL NAME O		n hospital or or location)	r institution, grv	re street	C. CITY O	yland	and a standard	it BUIDAL - d-:	7
	VISTITUTION	-						utside city limits, wr	ite KUHAL and gi	ve townsmp)
	00	2010	. Nort	h Arro			ADDRESS (If	rurol, give tocotion)	15	0
	00	~017	at THOT O	HI WAC.		207	0.11.0			
5. SE	FY	6. RACE		. MARRIED. N	IEVER MARRIED	B. DATE O	9 W. Nor	9. AGE (In years	If Under 1	Yr. If Under 24
-	_	1,0,00			DIVORCED (specify			lost birthdoy)	Months Do	ys Hours Mi
	emale	Colored		OR KIND OF B	OW JUSINESS OR INDU:		-1878	eign country)	12. CITIZEN	OF
	during most of v						(0.0.0		WHAT	COUNTRY?
	Postal V			Civ	il Service		koma , M		U.	S. A.
13. F	ATHER'S NAM	AE				14. MOTH	R'S MAIDEN NA	ME		
	Dage	r Hearn	2			Je	an			
15. V	Was Deceased	Ever in U. S.	Armed Force	es?	6. SOCIAL	17. INFORM			AI	DDRESS
1162	No of unknown	il yes, give	wor or doles		SECURITY NO.	o m M	· Cond	2010 17 31	andle to	
	18. 49	0 11			212-46-798 CAUS	E OF DEATH	obrcer,	2019 W. N		ERVAL BETWEEN
	/ / ~	E OR COND	ITION DISC	CTLV	CAOS	- 0. 5.4				SET AND DEATH
		LEADING TO		CILI	110	IN The	eur	61.4	6	nest
		of mean the			DUE TO	- 7 AV	- W	17.1.4		777
	heart failure,	asthonia atc	li maone i							
	injury or cam	plication which	ch caused a		(B)					
	injury or cam	ANTECEDENT	ch caused o	deoth.)	(B)			1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
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	DISEASES O	ANTECEDENT OR CONDITION CONDITION CONDITION CONDITION	ch caused of CAUSES ONS, if an ouse (A)	ny, giving stoting the	DUE TO					
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ATION	DISEASES OF TISE IN THE DISEASE OF THE DISEASE OR DISEASE OR	ANTECEDENT OR CONDITION OF COND	CAUSES  ONS, if an ouse (A) is not lost.  DITIONS CONTRILATED TREATED TO THE CAUSING IT.	ny, giving stoting the	(C)					DNSIDERED
CATION	DISEASES OF TISE IN THE DISEASE OF THE DISEASE OR DISEASE OR	ANTECEDENT OR CONDITION OF COND	CAUSES  ONS, if an ouse (A) is not lost.  DITIONS CONTRILATED TREATED TO THE CAUSING IT.	ny, giving stoting the DNTRIBUTING TO THE STOTION FOR WITHOUT TO THE	DUE TO			o) 208. IF YES, WI		DNSIDERED ATH?
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MEDICAL CERTIFICATION	DISEASES OF TISE TO THE DISEASE OF THE DEATH (notify 1APPROX.)	ANTECEDENT OR CONDITION OF ADOVE CO OF CONDITION OF CONDI	ch caused of CAUSES  ONS, if an output of the country of the caused of t	ny, giving stoting the ONTRIBUTING (ED TO THE DIMENSION FOR WIDTON FOR WIDTON FOR WIDTON (Hour) 21E. I White Work	HICH OPERATION  LACE OF INJURY (e. form, foctory, streethouse, streeth	20 A. AU	ITOPSY? (Yes or N IC. WHERE DID NJURY OCCUR?	O) 20B. IF YES, WI IN CERTIFYING	ERE FINDINGS CC CAUSES OF DE/	xact lacation)
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MEDICAL CERTIFICATION	DISEASES OF TISE TO THE DESTANCE OF THE DESTAN	ANTECEDENT OR CONDITION OF ADOVE CO OF CONDITION OF CONDI	ch caused of CAUSES ONS, if an ouse (A) is not retained in the caused of	ny, giving stoting the DNTRIBUTING (ED TO THE DRMED 218. Phome, etc.)  (Hour) 21E. I White Work attended the lalive an	HICH OPERATION  LACE OF INJURY (e form, foctory, streeth of the foctory), streeth of the foctory of the foctory of the deceased fram	20 A. All 20 A. All 20 A. All 20 A. All 20 Allending Phys.	ITOPSY? (Yes or N IC. WHERE DID NJURY OCCUR?  IF. HOW DID IN  And to the death.  Med. Director	JURY OCCUR?	ERE FINDINGS CC CAUSES OF DE/ imare City, give e	xact lacation)
MEDICAL CERTIFICATION	DISEASES OF TISE TO THE DESTANCE OF THE DESTAN	ANTECEDENT OR CONDITION OF ADOVE CO OF CONDITION OF CONDI	ch caused of CAUSES ONS, if an ouse (A) is not retained in the caused of	ny, giving stoting the DNTRIBUTING (ED TO THE DRMED 218. Phome, etc.)  (Hour) 21E. I White Work attended the lalive an	HICH OPERATION  LACE OF INJURY (e form, foctory, street)  NJURY OCCURRED  At Very deceased from	20 A. AL  org., in or about 2  the office bldg., it  While 2	ITOPSY? (Yes or N IC. WHERE DID NJURY OCCUR?  IF. HOW DID IN  And to the death.  Med. Director	JURY OCCUR?	ERE FINDINGS CC CAUSES OF DE/ imare City, give e	xact lacation)
MEDICAL CERTIFICATION	DISEASES OF TISE TO THE DESTANCE OF THE DESTAN	ANTECEDENT OR CONDITION OF ADOVE CO OF CONDITION OF CONDI	ch caused of CAUSES ONS, if an ouse (A) is not retained in the caused of	ny, giving stoting the DNTRIBUTING (ED TO THE DRMED 218. Phome, etc.)  (Hour) 21E. I White Work attended the lalive an	HICH OPERATION  LACE OF INJURY (e form, foctory, street)  NJURY OCCURRED  At   Not   At	20 A. All 20 A. All 20 A. All 20 A. All 20 Allending Phys.	ITOPSY? (Yes or N IC. WHERE DID NJURY OCCUR?  IF. HOW DID IN  And to the death.  Med. Director	JURY OCCUR?	ERE FINDINGS CC CAUSES OF DE/ imare City, give e	xact lacation)
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MEDICAL CERTIFICATION	DISEASES OF TISE TO THE DOTTER SIGNITO THE DOTTER SIGNITO THE DOTTER SE OR 19A-DATE OF OR CONTRIBLE DEATH (notify 1APPROX.)  21D. TIME OF INJURY 1APPROX.)  22. 1 certify that (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	ANTECEDENT  OR CONDITION  OR CONDITION  OF CONDITION  FICANT CONTENT  FICANT CONTENT  OPERATION  OPERATION  (Month) (Do  that (I) (this  dist saw the  different the call  ORE  OPERATION  (Month) (Do  That (I) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	ch caused of CAUSES ONS, if an ouse (A) in lost.  DITIONS CONOT RELATIONS CAUSING TREATIONS COND WAS PERFORMAN (Year)  SE OF ciner)  Shospital)  A deceased auses state	ny, giving stoting the DNTRIBUTING TED TO THE DITION FOR WITCH WORK ATTENDED TO THE Work attended the dalive an action and above. (I)	HICH OPERATION  LACE OF INJURY (e form, foctory, stree NJURY OCCURRED At Not At Ve deceased fram (We) (did) (did M.D.	20A. ALL  while 2  While 3  Attending 2  Attending 2  Attending 2  ACREMATORY	ITOPSY? (Yes at N	JURY OCCUR?  Stoff Phys.  LOCATION	ere FINDINGS COCAUSES OF DEVI	1960 accurred on the
MEDICAL CERTIFICATION	DISEASES OF TISE TO THE DOTTER SIGNITO THE DOTTER SIGNITO THE DOTTER SECONTRIBLE OF TO THE DOTTER SECONTRIBLE OF THE SECONTRIBL	ANTECEDENT  OR CONDITION  OF ADOVE CONDITION  FICANT CONTINUE  FICANT CONTINUE  CONDITION  OPERATION  OPERATION  (Manth) (Do  that (I) (this  last saw the  defrom the continue  ORE  MATION, 248.	CAUSES ONS, if an object (A) is not considered to the constant of the constant	ny, giving stoting the DNTRIBUTING (ED TO THE DITTON FOR WHORMED (Hour) 21E. I White Work attended the dalive an 24C. NAM	HICH OPERATION  LACE OF INJURY (of form, foctory, streethouse)  Not At Value (Was) (did) (did and was)  ME of CEMETERY of the Cathedre	20 A. AL  while 2  While 3  Attending Phys. 2  Acrematory  CREMATORY	ITOPSY? (Yes or NIC. WHERE DID NJURY OCCUR?  IF. HOW DID IN A DID IN Med. Director 124D.	JURY OCCUR?  Stoff Phys.  LOCATION  Baltimo	ere findings concate of device of de	1960 accurred on the
MEDICAL CERTIFICATION	DISEASES OF TISE TO THE DOTTER SIGNITO THE DOTTER SIGNITO THE DOTTER SE OR 19A-DATE OF OR CONTRIBLE DEATH (notify 1APPROX.)  21D. TIME OF INJURY 1APPROX.)  22. 1 certify that (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	ANTECEDENT  OR CONDITION  OF ADOVE CONDITION  FICANT CONTENT  FICANT CONTENT  FICANT CONTENT  OPERATION  OPERATION  (Month) (Do  that (I) (this  dist saw the  different the content  IRE  OPERATION, 24B.  Specify)  BY HEALTH E	CAUSES ONS, if an object (A) is not considered to the constant of the constant	ny, giving stoting the DNTRIBUTING (ED TO THE DITTON FOR WHORMED (Hour) 21E. I White Work attended the dalive an 24C. NAME OF 1825B. NAME OF	HICH OPERATION  LACE OF INJURY (of form, foctory, stree form, foctory, street, foctory, st	20 A. AL  while 2  While 3  Attending Phys. 2  Attending Phys. 2  CREMATORY  al 25C. FL	ITOPSY? (Yes at N	JURY OCCUR?  Stoff Phys.  LOCATION  Baltimo	ere FINDINGS COCAUSES OF DEVI	1960 accurred on the

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				BALTIMORE CITY	HEALTH DEPARTMENT		67 0762
	TH NO. 67	0762		CERTIFICA	TE OF DEATH	Registered No.	01 0100
I. N Typ	IAME OF DECEASED	Whye,	Frances	S (Francis C.	Tanana	y 21, 1967	9:30 p.
3. F	PLACE OF DEATH IN	BALTIMORE, MAR	YLAND		4. USUAL RESIDENCE (Whee	e deceased lived. If institu	ution: residence before admission
ı	FULL NAME OF	(If not in hospital a	t institution, c	nive street	Maryland		
1	HOSPITAL OR NSTITUTION	oddress or location)				side city limits, write RUB	AL and give township)
				spital Inc.	Baltimore	16	-01
	39			n Street		rurol, give location)	1
		Baltim	ore, Ma	aryland 2121	1707 Winchester	Street	
	EX 6. RA	CE	7. MARRIED,		D. DAIE OF BIKIN	7. AUE (in years   I	f Under 1 Yr. , If Under 24 H
F	emale Ne	gro	Marrie	DIVORCED (specify)	3/1/94	lost birthdoy)	Nonth's Doys Hours Min.
			108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	2. CITIZEN OF
	e during most of working	life, even if retired)			16		WHAT COUNTRY?
	HATHER'S NAME				Maryland		U.S.A.
J.					14. MOTHER'S MAIDEN NAM	M E	
	Henry	Wilson			Nancy Devine		
S. Y	Was Deceased Ever is, no or unknown) (If ye	n U. S. Armed Forc	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	No	-, g 01 00163	J611165/	213-12-7820	Howard Whye 70	7 Winchester	No. 9-8087
_	18. 77 0 V			CAUSE O		/ windiescei	INTERVAL BETWEEN
	2001	CONDITION DIRE	CTLV	ONOSE O	. DEATH		ONSET AND DEATH
		ING TO DEATH	CILI		II mami a		
	(This does not me	on the mode of	dying, e.g.,	DUE TO	Uremia	***************************************	
	heort foilure, asther injury ar camplicati						
		CEDENT CAUSES	de offi,	(8)	Arterio Schero	tic Heart	
				DUE TO	Disease	**************************************	***************************************
	DISEASES OR CO			(C)			
	UNDERLYING COL		3	, wan an an an an	Diabetes		***************************************
Z O		T CONDITIONS CO					
ATIO		BUT NOT RELAT					
CERTIFIC	19A. DATE OF OPER	ATION 198. CONE		VHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN	DINGS CONSIDERED
RT	0	WASTERIN	JRIVIED		No	IN CERTIFIING CAUSE	S OF DEATH?
Ü	21 A. ACCIDENT WA	S UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	n or about 21 C. WHERE DID	(If in Baltimore C	ity, give exact location)
AL	DEATH (notify medic	ol examiner)	etc.)		ffice bldg., INJURY OCCUR?		
EDIC	21 D. TIME (Mon	th) (Day) (Year)	(Hour) 21 E	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
ME	OF INJURY			le At Not Whit			
			Wor	k At Work			
	22. I certify that (	(1) (this hospitol)	ottended th	e deceosed from Jaj	nuary l	9 67 to Jan 112 T	y 21 1967
	that (I) (we) lost	sow the deceased	olive on	anuary 21	19 67 ond the	ot in (my) (our) opinio	n death occurred on the d
					iew the body ofter deoth.		
	23A. SIGNATURE	1 0	1 1	, ( , , , , , , , , , , , , , , , , , ,	Ten The body offer deoffit	23	B, DATE SIGNED
	1	IIIA R	119	M.D. AH	ending Med.		
	22C BHYSICIANS	NO CO	7/	Phy		Stoff Phy s.	
	23C. PHYSICIAN'S NAME (Type)		. 1/		23D. ADDRESS		
		Dr Khal	1 qV	M.D.			
4 A	REMOVAL (Specify)	N, 24B. DATE	24C. NA	ME of CEMETERY OF CRI	EMATORY 24D. LO	OCATION (City,	town, or county) (State)
	Burial	1-25-67	Po	sil Cemetery	Coo	kaverilla 1	bro frmel
5A	DULTAT		258. NAME O		25C. FUNERAL DIRECTOR	keysville , l	ADDRESS
			000		20 20 20		
15		2 4 1967	Co O	2. starleina	Charles R. I	aw, 802 Madis	son Ave.
6	150-REV. 1/1/65						

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Junuary 1, 57

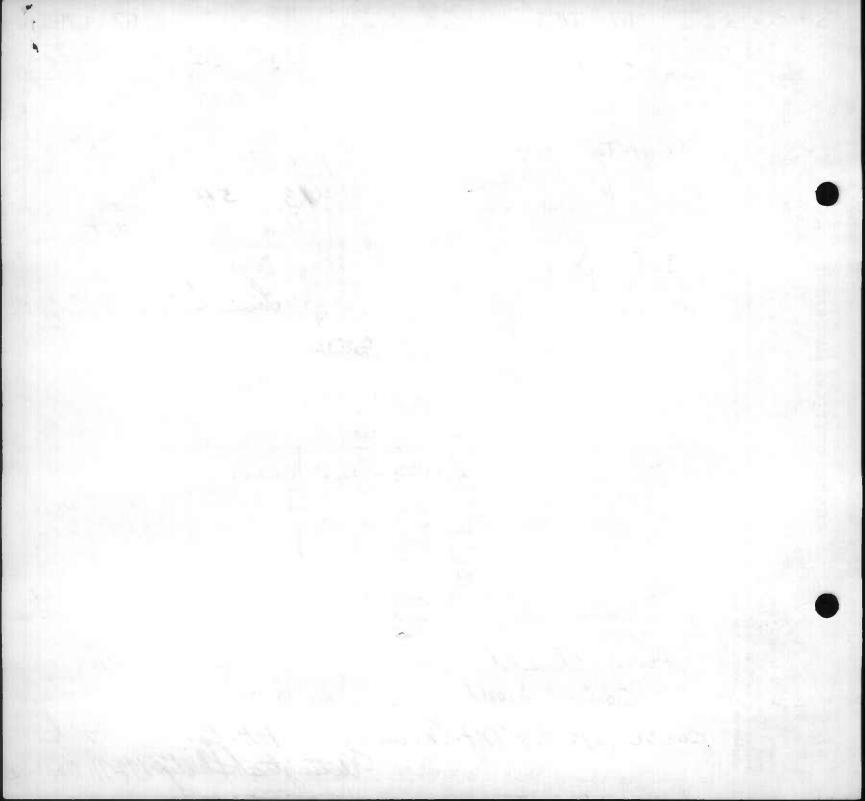
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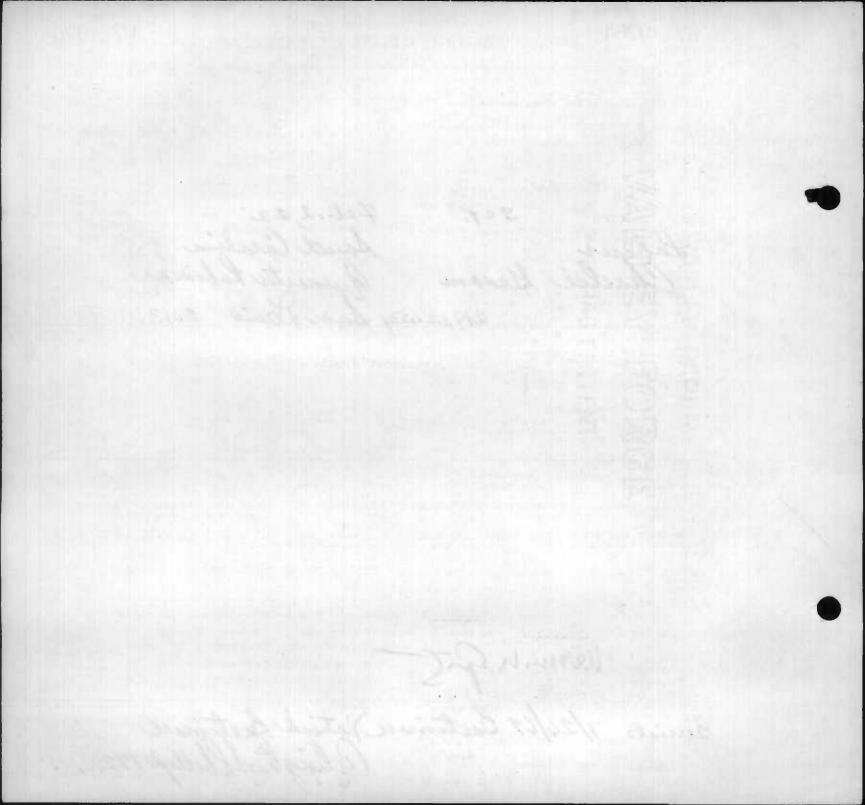
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The state of the s

OF OFFICE	BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO. b/ U/b3	CERTIFICA	ATE OF DEATH	Registered Na.	67 0753
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print) Lealier  O	Streets		AND HOUR OF DEATH	967 455 P
3. PLACE OF DEATH IN BALTIMORE, MARYLAN  FULL NAME OF (If not in hospital or instited the hospital or oddress or location)	D	A. STATE B. CO	Boltimore	nstitution: residence before odmissio
INSTITUTION		C. CITY OR TOWN (IF	(If rurol, give location)	RURAL ond give township)
University Hosp		27 N.	amity 5	T # 23
5. SEX 6. RACE 7. MA	ARRIED, NEVER MARRIED DOWED, DIVORCED Decily)	2/13/1/3	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KI done during most of working life, even if relired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLA (State or )	oreign country.	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME Jeff Davis		14. MOTHERS MAIDEN I	Da VIS	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of se	1 6. SOCIAL SECURITY NO.	Daughter	f. 1 -	DI HOZI
1B. 02.11	CAUSE	OF DEATH	our pin	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		AGAIDAN SO	2570	ONSET AND DEATH
(This does not mean the mode of dying	e.g., DUE TO	Charlesop Ox	<i>p</i> 3/3	
hearl failure, asthenia, etc. It means the di injury or complication which coused death.	seose,	D. /	TN	
ANTECEDENT CAUSES	(B)	Pulmonery	10	
DISEASES OR CONDITIONS, if ony,	giving	/		
rise to the obove couse (A) statin UNDERLYING CONDITION lost.	g the (C)		2 0 0 m 0 0 m 0 m m m m m m m 0 m 4 m m m m	
_ 11				
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	BUTING Pul TB	- Hepatic Ciri	chosis	
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE	FINDINGS CONSIDERED
198. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING	D		IN CERTIFYING CA	USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)		in or about 21 C. WHERE DID office bldg., INJURY OCCUR		e City, give exact locotion)
21D. TIME (Month) (Day) (Yeor) (Hou OF INJURY (APPROX.)	While At Not Whork At Work	ile 🖂	NJURY OCCUR?	
22. I certify that (I) (this hospital) atter		+ / -	19 6 7 to	1/22 1967
that (I) (we) last saw the deceased aliv				nion death accurred on the c
and hour and from the couses stated ab				mon doom decorred on me (
23A. SIGNATURE	4	Tron the eddy drief ded,		23B. DATE SIGNED
fames Clino	M.D. A	Itending Med. Director	Stoff Phys.	1/23/67
23C PAYSICIANS James A	rwold M.D	23D. ADDRESS	138 Unio	. Herze
	24C. NAME of CEMETERY OF C	REMATORY 24D	LOCATION (C)	ity, town, or county)
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	PETENFUNERAL DIRECT	OR THE	ADDRESS



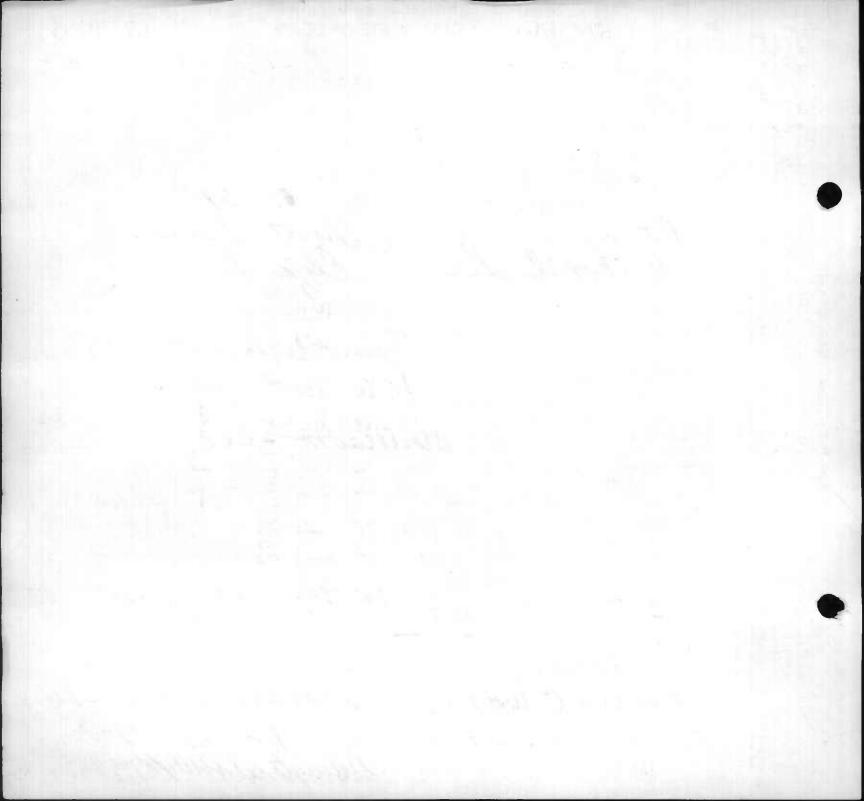
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITALOR ADDRESS OR LOCATION)  Lutheran Hospital  4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission B. COUNTY  Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give downship)  Baltimore  D. STREET ADDRESS (If rural, give location)  3702½ Clifton Ave.		E. CASE NO.  NAME OF DECEASED  pe or Print)	2. DATE AND HOUR PRONOUNCED DEAD  1/21/67   10:00 p.
FILL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET  MATYLAND  LATENCE ADDRESS OR LOCATION  THE HOSPITAL OR INSTITUTION, GIVE STREET  ADDRESS OR LOCATION  LATENCE ADDRESS OR LOCATION  TAREFUL NAME OF ADDRESS OR LOCATION  TAREFUL NAME OF ADDRESS OR LOCATION  TO STREET ADDRESS OF CONTROL  TO STREET ADDRESS OF	3	Lawrence G. Grooms	- M.
ADDRESS OR LOCATION  NSTITUTION  ADDRESS OR LOCATION  INSTITUTION  ADDRESS OR LOCATION  INSTITUTION  B ALL IMODE  D. STREET ADDRESS 'Ill route, give locational  37022 CLIFTON AVE.  S. SER  In React  IN MARKED, NEVER MARKED  WIDOWLD, NIVOS/EDIspecify  The Jack of the year control  In USARA OCCUPATION (Give indeel won) Till, RINN OF BUSINESS OR INDUSTRY II. BURNEACE white or program country)  WHAT COUNTRY?  WHAT COUNTRY?  IS WAS DECRAFED EVER IN U.S. ABOVED FORCES?  In SOCIAL  INTERVAL BETWEEN  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  This does not make the mode of dring, augustic plant of the program of the	3. 1	THE TRANSPORT MARIENTS, WHERE TROPOSITED SEAS	
LILITHORAN HOSPIEGI  S. SEX    S. SEX   S. SEX   S. SECE   S. SECE   S. SEX   S. SEX	l HO	SPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
S. SEK  6. BACC    A. ACC   A.	1	46	
S. SEK   S. BACE   7MARRIED, NEVER MARRIED   2ADATE OF BRITH   9. ADE (B. n. year)   1 III Under 17. II		Lutheran Hospital	3702½ Clifton Ave.
CAUSED FORMS   CAUSE OF DEATH   CONTRIBUTING   CONTRIBUTING   CONTRIBUTING   CAUSES OF DEATH?   CAUSES OF		SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	Months, Doys Hours, Min.
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL   17. INFORMANT   1	IOA	N. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUST the during most of working life, even if retired)	
SECURITY NO.   SECU	13.		14. MOTHER'S MAIDEN NAME Columbon
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heard feilure, estheric, etc., If meens the disease, injury or complicion which coused death,]  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)			17. INFORMANT ADDRESS
NO   CAUSE WAS   CAUSE WAS   WAS   PERFORMED   NO   IN CERTIFYING CAUSES OF DEATH?	FICA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.    bome, form, foctory, street, office bidg. INJURY OCCUR?   Description of the property of the p	1 oc	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
OF INJURY (APPROX.)    Control to the least of the least			in a should where DID At in Put
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D.    Certify that I held on Inquiry   Inspection X   Autopsy   ond that on this basis, death in my opinion	EDICAL C	UNDERLYING OR CONTRIB-	office bldg. INJURY OCCUR?
resulted from: Notural couses Accident Suicide Homicide Undetermined monner  ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D.  23A. BURIAL CREMATION, 23B. DATE  CHIEF MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  1/22/67  ASSOCIATE MEDICAL EXAMINER  1/22/67  ASSOCIATE MEDICAL EXAMINER  1/22/67  ASSOCIATE MEDICAL EXAMINER  1/22/67	EDICAL C	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Year) (Hour)  OF INJURY (APPROX.)  WHILE AT NOT	D 21F. HOW DID INJURY OCCUR?
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D.  23A. BURIAL CREMATION, 23B. DATE  CHIEF MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  1/22/67  23D. LOCATION (City, town, or county) (Stoly)	EDICAL C	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT AT	D 21F. HOW DID INJURY OCCUR?
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D.  23A. BURIAL CREMATION, 23B. DAJE  23C. NAME of CEMETERY of CREMATORY  23D. LOCATION (City, town, or county) (Stole)	EDICAL C	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT AT  22.   Certify that I held on Inquiry Inspection A	D 21F. HOW DID INJURY OCCUR?  OT WHILE ON ON THIS bosis, death in my opinion
EXAMINER'S NAME (Type) Werner U. Spitz, M.D.  23A. BURIAL CREMATION, 23B. DATE  23C-MAME of CEMETERY of CREMATORY  23D. LOCATION (City, town, or county) (Stoty)	EDICAL C	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT AT  22.   Certify that I held on Inquiry Inspection A	Autopsy Ond that an this basis, death in my opinion  Tide Homicide Undetermined monner  CHIEF MEDICAL EXAMINER
NAME (Type) Werner U. Spitz, M.D.  23A. BURIAL CREMATION, 23B. DAJE   23C-BIAME of CEMETERY of CREMATORY   23D. LOCATION (City, town, or county) (Stoty)	EDICAL C	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Year) (Hour) (APPROX.)  1 certify that I held on Inquiry Inspection A rosulted from: Natural couses A  Accident Suici	ASSISTANT MEDICAL EXAMINED
23A. BURIAL CREMATION, 23B. DATE 23C-MAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or county) (Stole)	EDICAL C	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Year) (Hour)  COF INJURY (APPROX.)  1 certify that I held on Inquiry Inspection X A  rosulted from: Natural couses X Accident Suici	D 21F. HOW DID INJURY OCCUR?  OT WHILE ON
Built 10 110 161 Deatimers National Beatterness Mixe	EDICAL C	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED WHILE AT NOT M. WORK  22.  1 certify that I held on Inquiry Inspection A rosulted from: Natural causes Accident Suici  ACTUAL SIGNATURE EXAMINER'S	D 21F. HOW DID INJURY OCCUR?  OT WHILE WORK Ond that on this basis, death in my opinion of the control of the c
Maria Maria	MEDICAL C	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED WHILE AT NOT MORK  22.  1 certify that I held on Inquiry Inspection A rosulted from: Natural couses Accident Suici  ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz; M.D.  BURIAL CREMATION, 23B. DAJE  1 home, form, foctory, street, WHILE AT NOT M. WORK  A. C. Inspection A A. C. Insp	D 21F. HOW DID INJURY OCCUR?  Autopsy ond that on this basis, death in my opinion  ide Homicide Undetermined manner  CHIEF MEDICAL EXAMINER  DATE SIGNED  1/22/67
	WEDICAL C	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED WHILE AT NOT MORK  22.  1 certify that I held on Inquiry Inspection A rosulted from: Natural couses Accident Suici  ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz; M.D.  BURIAL CREMATION, 23B. DAJE  1 home, form, foctory, street, WHILE AT NOT M. WORK  A. C. Inspection A A. C. Insp	D 21F. HOW DID INJURY OCCUR?  Autopsy ond that on this basis, death in my opinion  ide Homicide Undetermined monner  CHIEF MEDICAL EXAMINER  DATE SIGNED  1/22/67



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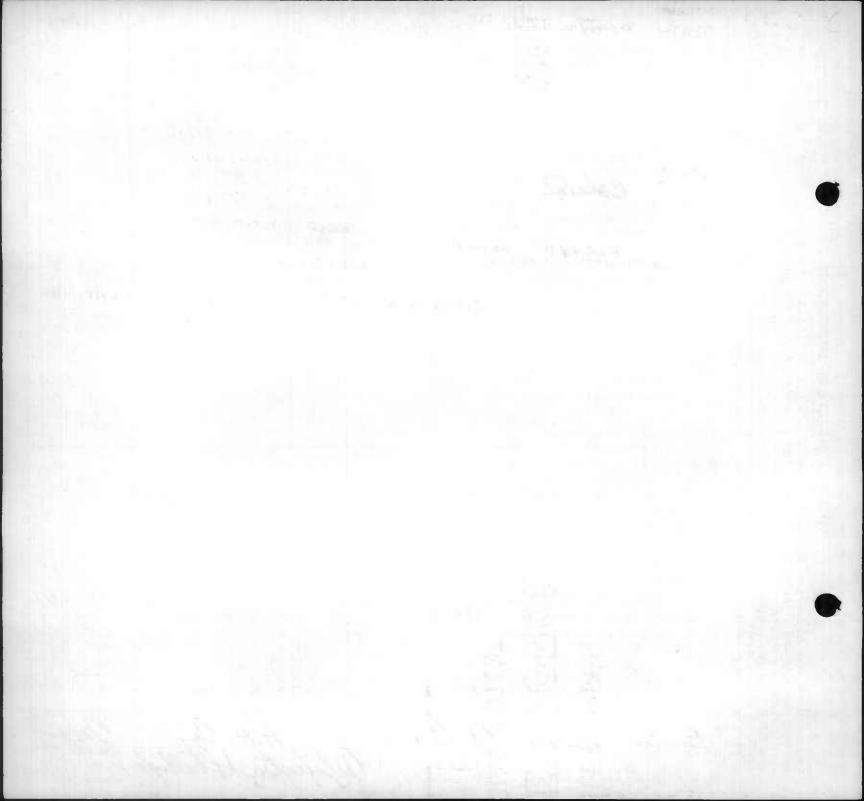
V\$ 150-REV. 1/1/65

		BALTIMORE CITY	HEALTH DEPARTMENT		17 15
1	RTH NO.  LE CASE NO. 67 0765	CERTIFICA	TE OF DEATH	Registered No	67-0763
	ype or Print) Les Ames		2. DATE AND	ANG T	12:45 4
3	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUN)	deceased lived. If inst	itution: residence before admission)
ł	FULL NAME OF (If not in hospital or institut oddress or location)	ion, give street	C. CITY OR TOWN / IIf outs	ide city limits, write RU	JRAL and give township)
	Duffeland 1	Tursing home	Baltine	Ine	16-01
	150/ N. Dulle	land st	923 H	rol, give locotion)	livenia
6	Malo Nearo 7. MARE WIDO	RIED, NEVER MARRIED		ost birthda	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	DA. USUAL OCCUPATION (Give kind of work 10B. KIN one during must of working life, even if retired)	5 OF BUSINESS OR INDUSTRY	11. BIRTHPLACE IStore or foreig	n country	12. CITIZEN OF WHAT COUNTRY?
1	Ketijeds	7	Marth	Capolein	W.S.A
	3. FATHER'S NAME	Po	14. MOTHERS MAIDEN NAM	to all	
1	i. Was Deceased Ever in U. S. Armed Forces? es, no or unknown)  If yes, give war ar dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	Jane	ADDRESS
		SECONIII NO.	Duffeland Kus	sing Home	- Eulesland ST
	DISEASE OR CONDITION DIRECTLY	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) D/	CONCERD BNEV.	KONIB	14 des
ŀ	(This does not mean the mode of dying, heart failure, asfhenia, etc. It means the dise injury or complication which caused death.)			011	
1	ANTECEDENT CAUSES	(B) ANZ	ERIOSCIENTIC	CATLO10 -	-
1	DISEASES OR CONDITIONS, if ony, girise to the obove couse (A) sforing	ving 1/12°	VLAR DISEASE	ERT	4 weeks
ı	UNDERLYING CONDITION Iosi.	HEALE	(E61A-+	CVA	
l	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY?  Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED
ľ	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	TATE BY A CE OF INVINOVAL.	A A A A A A A A A A A A A A A A A A A	IN CERTIFYING CAU	
۱	OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner	21B PLACE OF INJURY le.g., in home, form, foctory, street, offietc.)	ice bldg., tNJURY OCCUR?	tit in Politimore	City, give exact location)
ı	21D. TIME (Month) IDoy) (Yeor) (Hour) OF INJURY	21E. INJURY OCCURRED While At Not While	21F. HOW DID INJU	RY OCCUR?	
ı	[APPROX]	Work At Work	O TAIL	11 71	Tall 19
1	22. I certify that (+) (this haspital) attend that (1) (we) last sow the deceased alive	2- 711	(0	t in (my) (and onini	on death occurred an the date
1	and hour and from the causes stated abov				on doorn occurred an integral
ı	23A SIGNATURE	M.D. Alter	nding Med.	Stoff	23B. DATE SIGNED
ı	23C. PHYSICIAN'S	Phys.	3D. ADDRESS	Phys.	213NNO 1
	FHERSON C. W.	MOEN M.D.	2379 HA	RUSIN OT	TENUZ ANTIN
	4A. BURHAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME OF CEMETERY OF CREE	MATORY 24D. LO	CATION (City	, town, or county) (Stote)
1	SAL DATE REC'D BY HEALTH DEPT. 258, NAM	ME OF REGISTRAR	230 FUNERAL DIRECTOR	1: 6019-	ADDRESS
1	JAN 2 4 1967 R. Co.	6 8. Farbarna	Alberration)	Sthelly	1111/1 Mario



Such

BIRTH NO.  67 0766  CERTIFICATE OF DEATH  Registered No.  67 0766  M.E. CASE NO.  1. NAME OF DECEASED (Type at Print)  3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in haspitol or institution, give street oddress or location)  INSTITUTION  LUTHERAN HOSPITAL OF MARYLAND  5. SEX  6. RACE  CONTROL  TO MARKED, NEVER MARRIED  MIDDOW  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  1 2067 8.20 P.M  1 2067 8.20 P.M  2003 BRYANT AVE 1.05 PM  C. CITY OR TOWN (II autside city limits, write RURAL and give township)  THE DEATH OF TOWN STREET  D. STREET ADDRESS (If rural, give location)  TO STREET ADDRESS (If rural, give location)  TO STREET ADDRESS (If rural, give location)  TO STREET ADDRESS (II rural, give location)  TO STREET ADDRESS (III rural, give location)  TO STREET ADDRESS (III rural, give location)  TO STREET ADDRESS (III rural, give location)  TO STREET ADDRESS (II rural, give locatio
Colly or town   College
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in haspitol or institution, give street oddress or location)  LUTHERDN HOSPITAL OF MARYLAND  C. CITY OR TOWN (II autside city limits, write RURAL and give township)  TO ASHBURTON STREET  S. SEX  6. RACE  7. MARKED, NEVER MARRIED WIDDWED DIVORCED (specify)  WIDDWED DIVORCED (specify)  4. USUAL RESIDENCE (Where deceosed lived, If institutions residence before admiss B. COUNTY  2003 BRYANT AVE  1.05 PM  C. CITY OR TOWN (II autside city limits, write RURAL and give township)  THERDN HOSPITAL OF MARKED  TO ASHBURTON STREET  S. SEX  6. RACE  1. MARKED, NEVER MARRIED  B. DATE OF BIRTH  9. AGE (In years lift Under 1 Yr. II Under 24 Hours Minths)  WIDDWED DIVORCED (specify)
FULL NAME OF (If not in haspitol or institution, give street oddress or location)  LUTHERAN HOSPITAL OF MARYLAND  TO ASHBURTON STREET  S. SEX  6. RACE  1.05 PM  C. CITY OR TOWN (II autside city limits, write RURAL and give township)  THERAN HOSPITAL OF MARYLAND  D. STREET ADDRESS (If rural, give location)  2003 BRYANT AVE  1.05 PM  C. CITY OR TOWN (II autside city limits, write RURAL and give township)  THERAN HOSPITAL OF MARYLAND  D. STREET ADDRESS (If rural, give location)  2003 BRYANT AVE  1.05 PM  C. CITY OR TOWN (II autside city limits, write RURAL and give township)  THERAN HOSPITAL OF MARYLAND  D. STREET ADDRESS (If rural, give location)  2003 BRYANT AVE  1.05 PM  C. CITY OR TOWN (II autside city limits, write RURAL and give township)  D. STREET ADDRESS (If rural, give location)  2003 BRYANT AVE  1.05 PM  C. CITY OR TOWN (II autside city limits, write RURAL and give township)  D. STREET ADDRESS (If rural, give location)  2003 BRYANT AVE  1.05 PM  C. CITY OR TOWN (II autside city limits, write RURAL and give township)  D. STREET ADDRESS (If rural, give location)  2003 BRYANT AVE  1.05 PM  D. STREET ADDRESS (II rural, give location)  2003 BRYANT AVE  1.05 PM  D. STREET ADDRESS (II rural, give location)  RURAL ASSTATE  D. STREET ADDRESS (II rural, give location)  2003 BRYANT AVE  1.05 PM  D. STREET ADDRESS (II rural, give location)  2003 BRYANT AVE  1.05 PM  D. STREET ADDRESS (II rural, give location)  2003 BRYANT AVE  1.05 PM  D. STREET ADDRESS (II rural, give location)  2003 BRYANT AVE  1.05 PM  D. STREET ADDRESS (II rural, give location)  2003 BRYANT AVE  2003 BRYANT AVE  2003 BRYANT AVE  2003 BRYANT AVE  2004 BRYANT AVE  2004 BRYANT AVE  2005 BRYANT AVE  2007 BRYANT AVE  2007 BRYANT AVE  2007 BRYANT AVE  2008 BRYANT AVE
HOSPITAL OR INSTITUTION  LUTHERAN HOSPITAL OF MARYLAND  TO ASHBURTON STREET  S. SEX  6. RACE  1. Marked, Never Married (Specify)  Middweb, Divorced (specify)  C. CITY OR TOWN (II autside city limits, write RURAL and give township)  TBALTIMORE HD 21217  D. STREET ADDRESS (If rurd, give location)  2003 BRYANT AVE  S. DATE OF BIRTH  9. AGE (In years last birthday)  Months: Doys Hours Mir
HOSPITAL OR INSTITUTION  LUTHERAN HOSPITAL OF MARYLAY)  TO ASHBURTON STREET  S. SEX  6. RACE  1. (Married), Never Married (Middle Company)  Middle Company)  B. Date Of Birth  9. AGE (In years Months)  1. (Married), Never Married (Middle Company)  B. Date Of Birth  9. AGE (In years Months)  1. (Married), Never Married (Middle Company)  1. (Mid
LUTHERAN HOSPITAL OF MARYLAND  TREET D. STREET ADDRESS (If rural, give location)  2003 BRYANT AVE  S. SEX 6. RACE (Middle of Birth Property of Street Divorced (specify) (1) Age (In years Mindle of Street Divorced (specify) (2) Age (In years Months) Doys (Hours Mindle of Street Divorced (specify) (2) Age (In years Months) Doys (Hours Mindle of Street Divorced (specify) (2) Age (In years Months) Doys (Hours Mindle of Street Divorced (specify) (2) Age (In years Months) Doys (Hours Mindle of Street Divorced (specify) (2) Age (In years Months) Doys (Hours Mindle of Street Divorced (specify) (2) Age (In years Mindle of Street Divorced (specify) (3) Age (In years Mindle of Street Divorced (specify) (3) Age (In years Mindle of Street Divorced (specify) (3) Age (In years Mindle of Street Divorced (specify) (3) Age (In years Mindle of Street Divorced (specify) (3) Age (In years Mindle of Street Divorced (specify) (3) Age (In years Mindle of Street Divorced (specify) (3) Age (In years Mindle of Street Divorced (specify) (3) Age (In years Mindle of Street Divorced (specify) (3) Age (In years Mindle of Street Divorced (specify) (3) Age (In years Mindle of Street Divorced (specify) (3) Age (In years Mindle of Street Divorced (specify) (3) Age (In years Mindle of Street Divorced (specify) (3) Age (In years Mindle of Street Divorced (specify) (3) Age (In years Mindle of Street Divorced (specify) (3) Age (In years Mindle of Street Divorced (specify) (3) Age (In years Mindle of Street Divorced (specify) (3) Age (In years Mindle of Street Divorced (specify) (3) Age (In years Mindle of Street Divorced (specify) (3) Age (In years Mindle of Street Divorced (specify) (3) Age (In years Mindle of Street Divorced (specify) (3) Age (In years Mindle of Street Divorced (specify) (3) Age (In years Mindle of Street Divorced (specify) (3) Age (In years Mindle of Street Divorced (specify) (3) Age (In years Mindle of Street Divorced (specify) (3) Age (In years Mindle of Street Divorced (specify) (3) Age (In years Mindle of Street Divorced (spec
730 ASHBURTON STREET  2003 BRYANT AVE  5. SEX  6. RACE  7. WHARRED, NEVER MARRIED WIDOWED DIVORCED (specify)  7. WHOMED DIVORCED (specify)  8. DATE OF BIRTH 19. AGE (in yeors last birthday)  9. AGE (in yeors last birthday)  10 Months Doys Hours Mir
5. SEX 6. RACE 7. (MARRIED WIDOWED DIVORCED (specify) 8. DATE OF BIRTH 9. AGE (In yeors last birthday) Months Doys Hours Min
WIDOWED DIVORCED (specify) 2-21-07 last birthday) Months Doys Hours Min
E 2.91.07
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF
HOUSE WIFE WASTE WIFE WASTE WIFE WASTE BALTIMORE
0.5.17
FLOYED WHEN
15. Was Deceased Ever in U. S. Armed Faices?  (Yes, no or unknown) (III yes, give wor or dates of service)  16. SOCIAL  17. INFORMANT  ADDRESS  ON A
(Yes, no or unknown) (III yes, give wor or dotes of service) SECURITY NO.  NO SECURITY NO.  217-16-1834 INDIA WILLIAM 5, 2003 BRYAN AVE
18. 7 0 7 V I INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. Il means the disease, injury or complication which caused death)  (A) Cardio Respiratory failure  DUE TO  Trem Uraemia.  32 days
(This does not mean the mode of dying, e.g., DUE TO
heart failure, asthenia, etc. II means the disease, injury or complication which caused death.)  132 days
ANTECEDENT CAUSES  (B)
DISEASES OR CONDITIONS, if any, giving
rise to the above cause (A) stating the (C)
UNDERLYING CONDITION losi.
7
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
2 TO THE DEATH BUT NOT RELATED TO THE
TISEASE OR CONDITION CAUSING IT.
198. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED WELL 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No!)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR?  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR?
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURED   21F. HOW DID INJURY OCCUR?
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bidg., INJURY OCCUR?  DEATH (notify medical examiner)   21E. INJURY OCCURED   21F. HOW DID INJURY OCCUR?
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No!)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR?  21D. TIME OF INJURY (APPROX.)   (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR?  21D. TIME (Month) (Doy) (Year) (Hour)   21E. INJURY OCCURED   21F. HOW DID INJURY OCCUR?  While At   Not White   Not White   Not Work   Not White   Not Work
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No!)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID NOR CONTRIBUTING   CAUSE OF DEATH (notily medical examiner)   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID Nome, lorm, factary, street, office bidg., INJURY OCCUR?  DEATH (notily medical examiner)   21F. HOW DID INJURY OCCUR?  OF INJURY (APPROX.)   21F. HOW DID INJURY OCCUR?  While At   Not While   Not While   Not Work   Not
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID   NOT CONTRIBUTING   CAUSE OF DEATH (notily medical examiner)   21D. TIME (Month) (Doy) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  21D. TIME (Month) (Doy) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  While At   Not While   At Work   Not While   Not While   Not Work   Not While   Not Work   Not Work
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID   10mm, factory, street, office bldg., INJURY OCCUR?  21D. TIME (Month) (Doy) (Year) (Hour)   21E. INJURY OCCURED   21F. HOW DID INJURY OCCUR?  21D. TIME (Month) (Doy) (Year) (Hour)   21E. INJURY OCCURED   21F. HOW DID INJURY OCCUR?  While At   Not White   At Work   Not White   1960   ta   1960
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID   10me, fortury, street, office bldg., INJURY OCCUR?  21D. TIME (Month) (Doy) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  21D. TIME (Month) (Doy) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  While At   Not While   At Work   Not While   22   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960   1960
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID   NOT CONTRIBUTING   CAUSE OF DEATH (notily medical examiner)   21D. TIME (Month) (Doy) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  21D. TIME (Month) (Doy) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  While At   Not While   At Work   Not While   Not While   Not Work   Not While   Not Work   Not Work
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES. WERE FINDINGS CONSIDERED   IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout one, lorm, factory, street, office bldg., INJURY OCCUR?  21D. TIME   (Month) (Doy) (Yeor) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  21D. TIME   (Month) (Doy) (Yeor) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  22. I certify that (I) (this haspital) attended the deceased from   2 - 15   1966   to 1, 20   1967   that (I) (we) last saw the deceased alive an   1, 20   1967   and that in(my) (aur) apinian death accurred an the and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.  23B. DATE SIGNED   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1, 20, 67   1,
39A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?    21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?   21D. TIME (Month) (Doy) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?    21D. TIME (Month) (Doy) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?    22L   certify that (I) (this haspital) attended the deceased from 12   1966 to 1,20   1966 to 1,40   1966 to 1,
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?    19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   19C. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?    21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct locotion) home, form, factory, street, office bldg., INJURY OCCUR?    21D. TIME (Month) (Doy) (Yeor) (Hour)   21E. INJURY OCCURRED   10D. INJURY OCCUR?    21D. TIME (Month) (Doy) (Yeor) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?    21D. TIME (Month) (Doy) (Yeor) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?    21D. TIME (Month) (Doy) (Yeor) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?    21D. TIME (Month) (Doy) (Yeor) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?    21D. TIME (Month) (Doy) (Yeor) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?    21D. TIME (Month) (Doy) (Yeor) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?    21D. TIME (Month) (Doy) (Yeor) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?    21D. TIME (Month) (Doy) (Yeor) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?    21D. TIME (Month) (Doy) (Yeor) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?    21D. TIME (Month) (Doy) (Yeor) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?    21D. TIME (Month) (Doy) (Yeor) (Hour)   21F. HOW DID INJURY OCCUR?    21D. TIME (Month) (Doy) (Yeor) (Hour)   21F. HOW DID INJURY OCCUR?    21D. TIME (Month) (Doy) (Yeor) (Hour)   21F. HOW DID INJURY OCCUR?    21D. TIME (Month) (Doy) (Yeor) (Hour)   21F. HOW DID INJURY OCCUR?    21D. TIME (Month) (Doy) (Yeor) (Hour) (No. How Did Injury Occurred (Injury Occurre
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   IN CERTIFYING CAUSES OF DEATH?    21A. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF   Causes of Death?   No Certifying Causes of Death?     21A. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF   Causes of Death?   No Certifying Causes of Death?     21B. PLACE OF INJURY (e.g., in or obout 21C. WMERE DID   (If in Boltimore City, give exect locotion)   No Certifying Causes of Death?     21D. TIME   (Month) (Doy) (Yeor) (Hour)   21E. INJURY OCCURED   Not While   Al Work
19.4. DATE OF OPERATION   198. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   IN CERTIFYING CAUSES OF DEATH?   21A. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH?   21B. PLACE OF INJURY (e.g., in or obout [21] C. WMERE DID   (If in Bolhimore City, give exact locohon)   home, form, foctary, street, office bldg., INJURY OCCUR?   21F. HOW DID INJURY OCCUR?   21F. HOW DID INJURY OCCUR?   21F. HOW DID INJURY OCCUR?   22F. HOW DID INJURY OCCUR



BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

67 0767

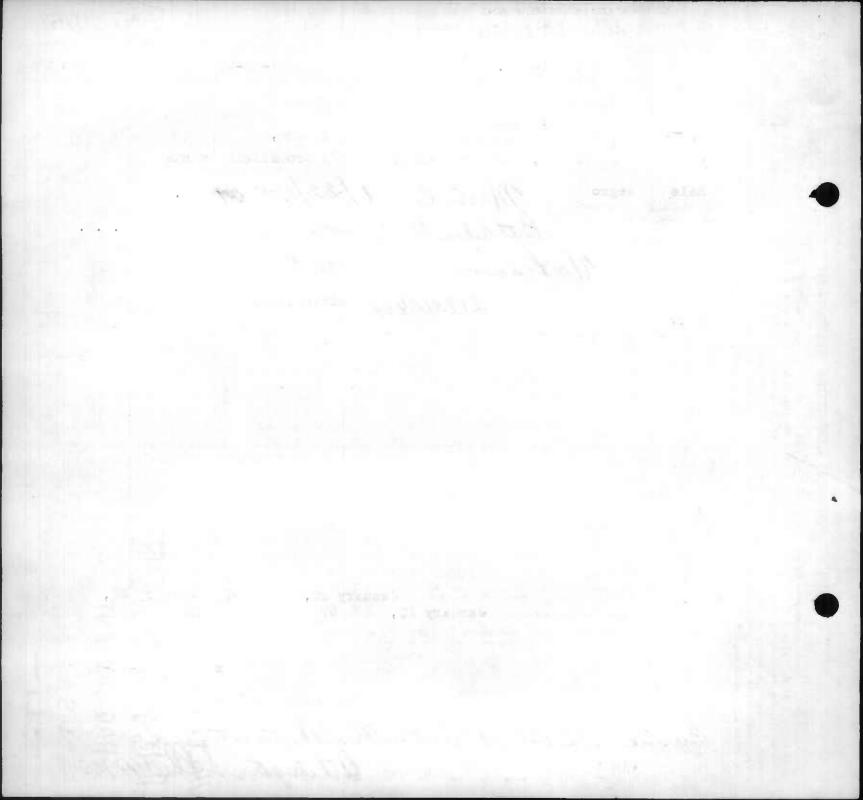
BIRTH NO.

VS 150-REV. 1/1/65

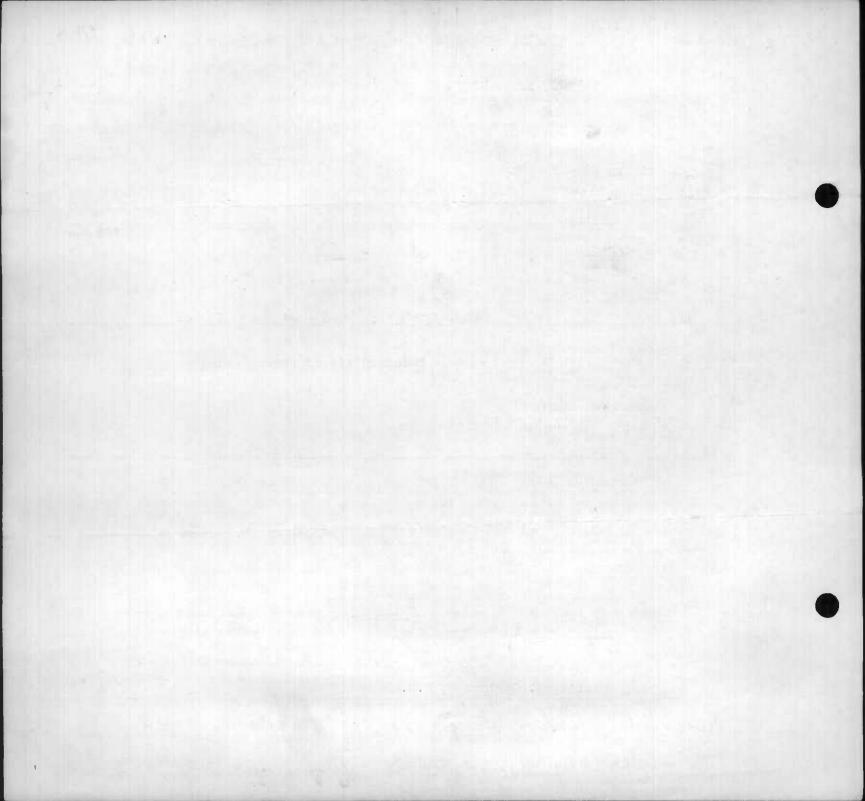
IMPORTANT

DIRECTOR:

FUNERAL



	CASE NO.		2. DATE AND HOUR PRONOUNCED DE	AD
{Тур	or Plint DOVIE KIRTZ		January 19, 1967	6:15 P. M.
3. P	ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESID A. STATE	ENCE (Where deceased lived. If institution: B. COUNTY	
FUL	NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ITAL OR ADDRESS OR LOCATION)		aryland VN (If outside corporate limits, write RURA	L and give township)
INS	ITAL OR ADDRESS OR LOCATION)		altimore	26-08
	Baltimore City Hospital (DOA)		RESS (If rurol, give location)	200
.6		ll	44 Eaton Street	
5. \$	WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH	lost birthdoyl Mon	nder 1 Yr. If Under 24 His.
	emale White Harried  SUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY	2-22-0		ITIZEN OF
	uring most of working life, even if retired)	1.1	O . L	HAT COUNTRY?
13.1	THER'S NAME	JOHNS 14. MOTHER'S M.		U. S. A
	Lewis Buther	Gertr	ude Moffett	
	AS DECEASED EVER IN U.S. ARMED FORCES?  o oi unknown, (If yes, give wor or doles of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDI	RESS
	No 410-3+-4368	Mr. Wa	Mace Kirtz	
	·421,1	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Findoor	omditio of	E compile volve	11.36
	(This does not mean the mode of dying, e.g., heart foilure, ostherio, etc. It means the disease,	ardicis of	f aortic valve	
	injury or complication which coused death.)			
	ANTECEDENT · CAUSES			
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
Z	(C)	>= <del>===================================</del>		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
FIC	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
CERT	A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY	? (Yes or No.) 20B. IF YES, WERE FINDING	
		Yes	IN CERTIFYING CAUSES OF Yes	
O	A, EXTERNAL CAUSE WAS  NDERLYING □OR CONTRIB- TING □ CAUSE OF DEATH.  218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	ffice bldg., INJURY	WHERE DID (If in Boltimore City, give exoco OCCUR?	ct locotion)
~			NV DID INTURY OCCUR	
	D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED FINJURY PPROX.) WHILE AT NOT V		DW DID INJURY OCCUR?	
	m. WORK AT WO	ORK		
	certify that I held on Inquiry Inspection Auto		that on this bosis, death in my opin	nion
	resulted from: Natural couses X Accident Sulcide			
	ACTUAL ( )		EDICAL EXAMINER	DATE SIGNED
	SIGNATURE MAD.		EDICAL EXAMINER X	ary 20, 1967
			EDICAL EXAMINER Janu	lary 20, 1907
	EXAMINER'S NAME (Type) Charles S. Springate, M.D.	ASSOCIATE M		
	NAME (Type) Charles S. Springate, M.D.  BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of		23D. LOCATION (City, town,	or county) (State)
	NAME (Type) Charles S. Springate, M.D.			or county) (State)
EA	NAME (Type) Charles S. Springate, M.D.  BURIAL CREMATION, 23B. DATE  23C. NAME of CEMETERY or  VAL (Specify)	CREMATORY	23D. LOCATION (City, town,	or county) (Stote)
ΕΛ	BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or Surial 1/23/67 Sacred Hea	CREMATORY  24C. FUNERA	Balto Md	



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such western and (6) No physician was in regular attendance on the deceased prior to death. Such western and proposed and provided the contraction is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

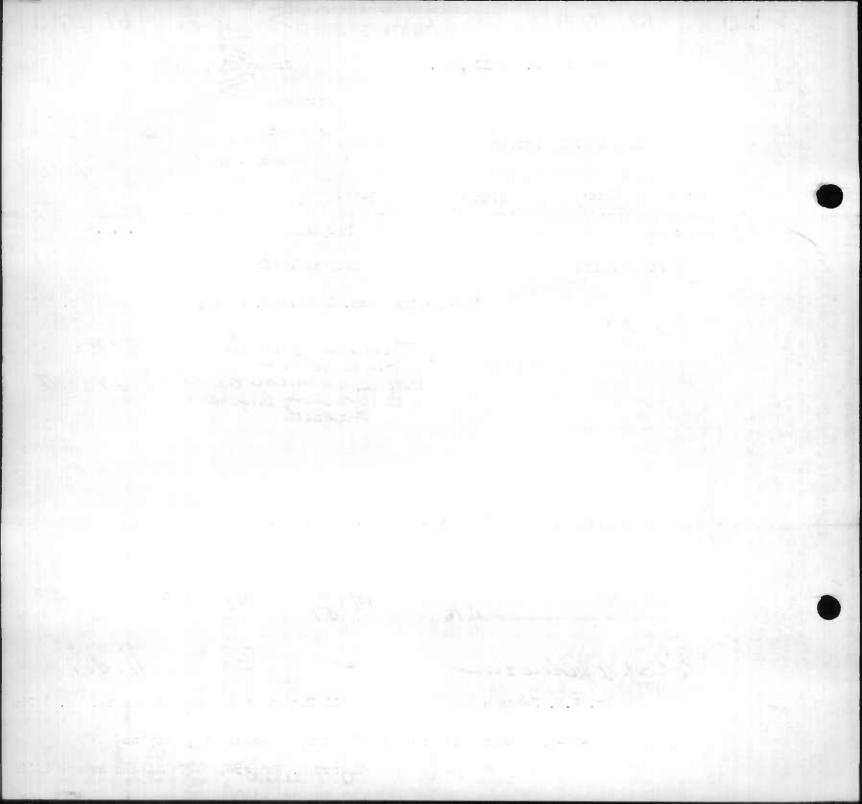
67 BIRTH NO.

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

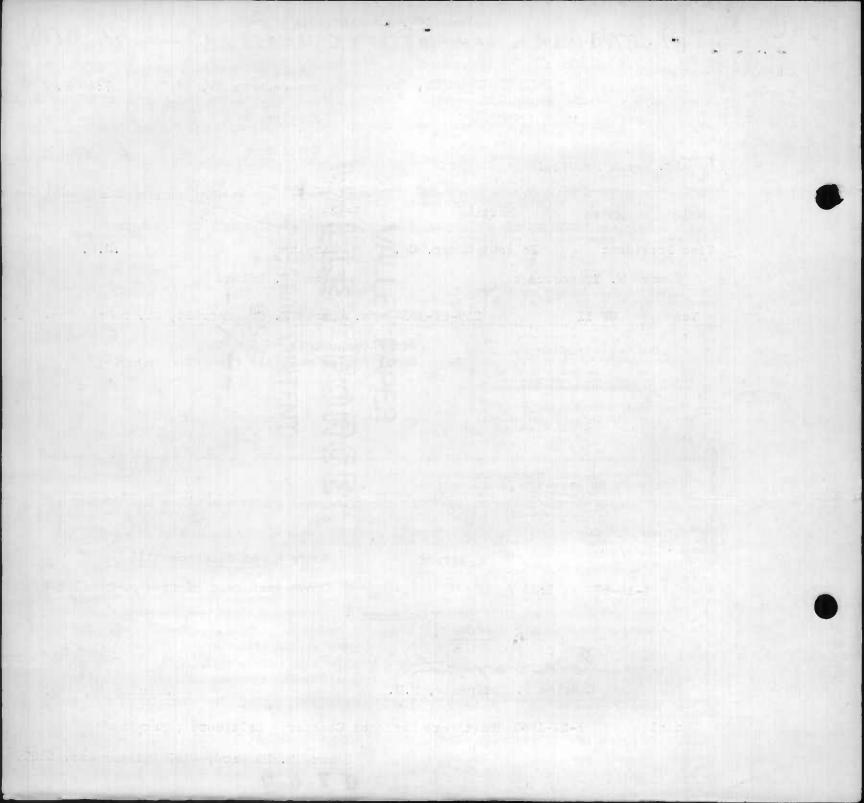
Registered N	١٥	67	0789

1.NA	CASE NO.	RICHARD	A. SM	IITH, SR.	2		ND HOUR OF DEATH		
3. PL	ACE OF DEA	TH IN BALTIMORE MA		illi, bk.		ENCE (Wh	ere deceased lived. If i	institution: residence before	e odmission)
					A. STATE	yland	NTY		
H	FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION					utside city limits, write	RURAL and give townshi	p)	
IN					timore	•	20-03	5	
4	00	2643 Dulahey	Street		D. STREET ADDRE		rurol, give location)		
					2643 I	Dulane	y Street		
5. SE	EX	6. RACE		D, NEVER MARRIED ED, DIVORCED (specify)	B. DATE OF BIRTH		9. AGE (In years lost birthday)	If Under 1 Yr. If U Months: Doys Hours	nder 24 Hrs. Min.
	Male	White	Ma	arried	7-22-1900		66		
			k 10B. KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or for	eign country)	12. CITIZEN OF WHAT COUNTRY	?
	echanic	working life, even if retired)			Maryla	nd		U.S.A.	
	ATHER'S NAM	AE			14. MOTHER'S M	AIDEN NA	AME		
	Char	les Smith			Barbara	Pfaf	f		
15 V	175	Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT			ADDRESS	
		(If yes, give wor or do		SECURITY NO. 218-09-9216		ion M	Smith 26	43 Dulaney St	2122
						LIAII I	1. SIIIILII, 20	INTERVAL BE	
1	18. 44	3 XI		CAUSE O	F DEATH			ONSET AND	
		SE OR CONDITION D			Iminal.	11120	mice	1 days	
		al mean the mode o		., DUE TO	1 -0 -111	in all	_		
	heart failure,	asthenia, etc. If meon	s the diseas	a. A.	and the	2,00	r Uesian	e 6 mer	10/5
		ANTECEDENT CAUSE		(8)	Store Ch	4	waistooie	a mer	reen
				DUE TO	2 de la Constante	7	wginu		
		OR CONDITIONS, if a obove cause (A)			Janear	l-		**************************************	
	UNDERLYING	G CONDITION last.							
TION	TO THE D		ATED TO T						
RTIFICA	19A. DATE OF			WHICH OPERATION	20 A. AUTOPSY	? (Yes or h	10 20B. IF YES, WERI	E FINDINGS CONSIDERED	D
L CE		NT WAS UNDERLYING UTING CAUSE OF medicol exominer	h	B. PLACE OF INJURY (e.g., in ome, form, foctory, street, oc.)	n or obout 21 C. WH ffice bldg., INJURY	ERE DID OCCUR?	(If in Boltime	ore City, give exact locati	on)
DIG.	21 D. TIME	(Month) (Doy) (Year	r) (Hour) 21	E. INJURY OCCURRED	21 F. HO	W DID IN	JURY OCCUR?		
->	OF INJURY (APPROX.)			While At Not Whi					
				Vork At Work	1		20/19 11	301	.61
				the deceased from	6 6 61		194-1-10-11	90/	
				1/18				pinian deoth occurred	on the do
			oted obave.	(I) (We) (did) (did not)	view the bady of	ter death	•	Total Bulletin	
	23A. SIGNATU	JRE		AA D A	ending M	ed.	Stoff	238, DATE SIGNED	1
		and an land	win	M.D. Att	rs. 🗀 Di	rector	Phys.	1/2 461	
	Q-Cu	ZEN AD KUSO			DOD ADDRESS				
	23C. PHYSICIA NAME (1	AN'S  [vpe]			23D. ADDRESS				
	23C. PHYSICIA NAME (1	Dr. E.W.	Johnso	on M.D.		reder	ick Avenue,	Baltimore, M	d. 212
	NAME (T	Dr. E.W.	24C.	NAME of CEMETERY of CR	3432 F	24D.	LOCATION	(City, town, or county)	d. 212
24A	NAME ()	Dr. E.W.  MATION, 24B. DATE Specify) 1-23-6	24C. Ba]		3432 F	y 24D.	Baltimore, 1	(City, town, or county)	(Stote)

VS 150-REV. 1/1/65



MRTH NG 7 0770 MEDICAL E	XAMINER'S CE	ERTIFICAT	E OF D	EATH Register	red No. D	1 0//0
NAME OF DECEASED Type or Print)  DONALD GR	January 19, 1967 7:10 P.					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTI- HOSPITAL OR ADDRESS OR LOCATION)	A. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odors selon)  A. STATE  Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore					
St. Agnes Hospital	D. STREET ADDRESS (If rurol, give locotion)  5 Halehaven Drive					
WIDOWED	D, NEVER MARRIED DIVORCED(specify) Tried	B. DATE OF BIRTH  7-13-1921  9. AGE (In yeors lost birthdoy)  45			If Under 1 Yr, If Under 24 Hrs, Months Doys Hours Min.	
OA. USUAL OCCUPATION (Give kind of work 10 B. KIND of lone during most of working life, even if retired) Vice President Ralla RATHER'S NAME	of Business OR INDUSTRY		land			OF COUNTRY?
Edward W. Greenstreet 5. WAS DECEASED EVER IN U.S. ARMED FORCES?	Helen E. Edlund 17. INFORMANT ADDRESS					
Yes WW II	219-03-3854	Mr. Dona	ld S. Gr	eenstreet,		Hale Haven D
LEADING TO DEATH  (This does not meon the mode of dying e.g heart foilure, osthenio, etc. It meons the disease injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	(B)(C)	licating r	nultiple	traumatic	injuri	es
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY	)1	20B. IF YES, WERE FIN IN CERTIFYING CAUS Yes		
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION COUNTRIBUTION CAUSE OF DEATH.  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED COUNTRIBUTION C						
22. I certify that I held on Inquiry resulted from: Natural couses ACTUAL SIGNATURE CLASS S.	WORK AI W	opsy X one	de U EDICAL EX EDICAL EX	AMINER X	er 🗌	DATE SIGNED
23A. BURIAL CREMATION, 23B. DATE	23C. NAME OF CEMETERY OF			CATION (City,	town, or co	unty) (Stote)
24A. DATE REC'D BY HEALTH DEPT. 24B. NAM	Baltimore Nation of Registrar Secretary	24C. FUNER	AL DIRECTOR		AC	ns Ave. 21229



IMPORTANT DIRECTOR: FUNERAL BIRTH NO.

VS 150-REV. 1/1/65

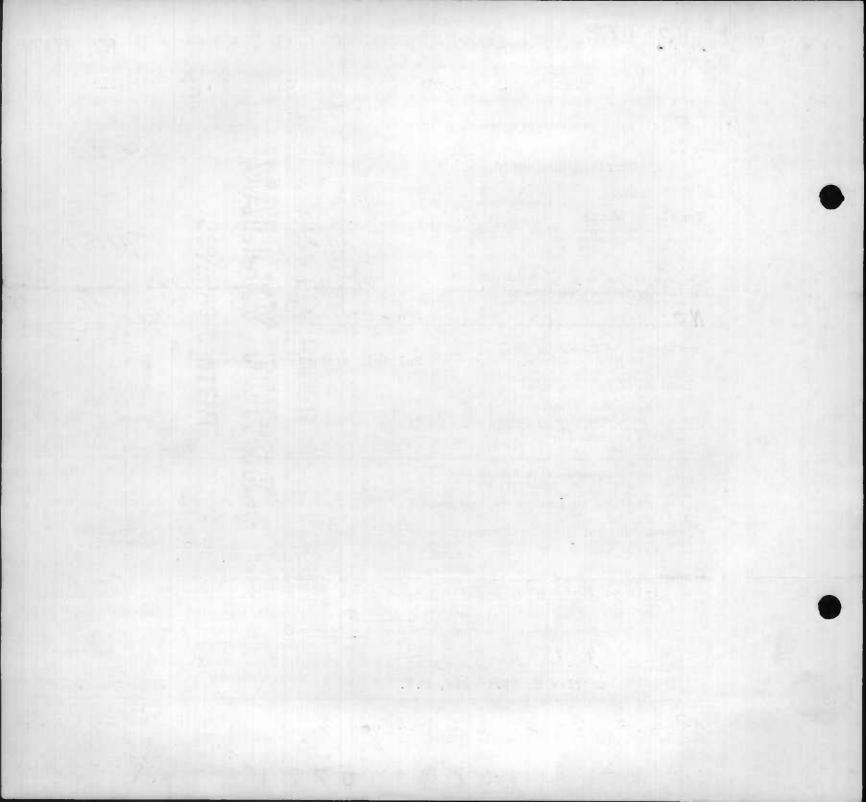
BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH JANUARY 20, 1967 9:15P M

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY (If autside city limits, write RURAL and give township) If Under 1 Yr. Manths: Days If Under 24 Hrs. Hours i Min. Hours 12. CITIZEN OF WHAT COUNTRY? USA ANSTINE BALTO., MD. 21229 BT.AGNES HOSPITAL-CATON & WILKENS INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact lacation) 19 67 . JANUARY 20. and that in (XX) (aur) apinlan death accurred an the date 23B, DATE SIGNED WILKENS (City, tawn, as caunty) Lorraine Park Cemetery Baltimore County, Maryland 25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR O. F. E. Far Benns Howard H. Hubbard, 4107 Wilkens Avenue 21229

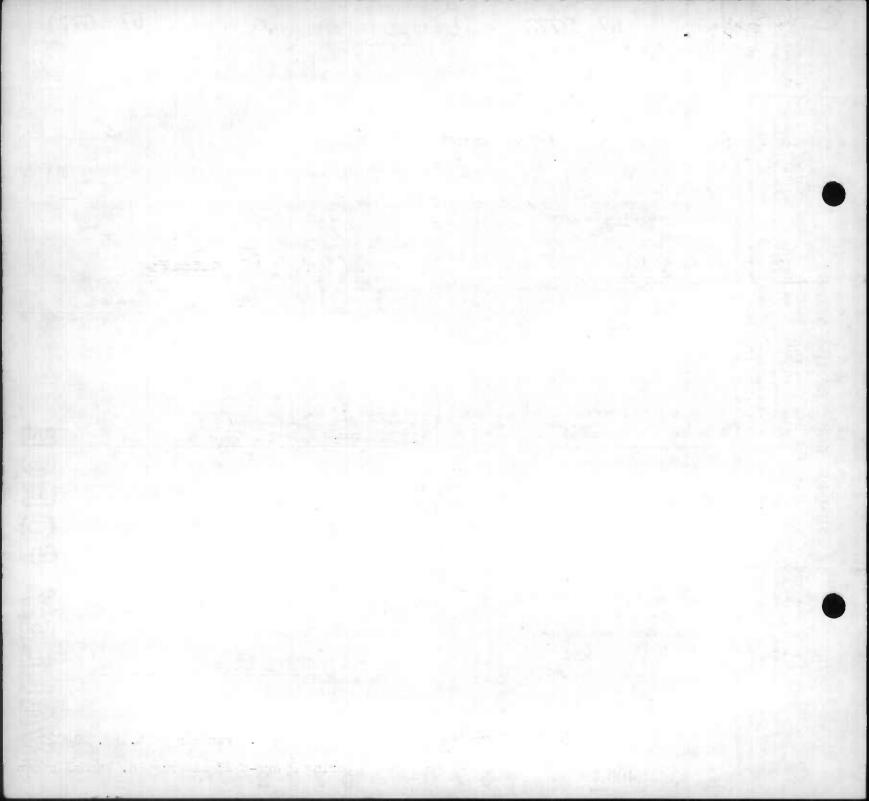
House of the England of the Hotel Assessed Lines

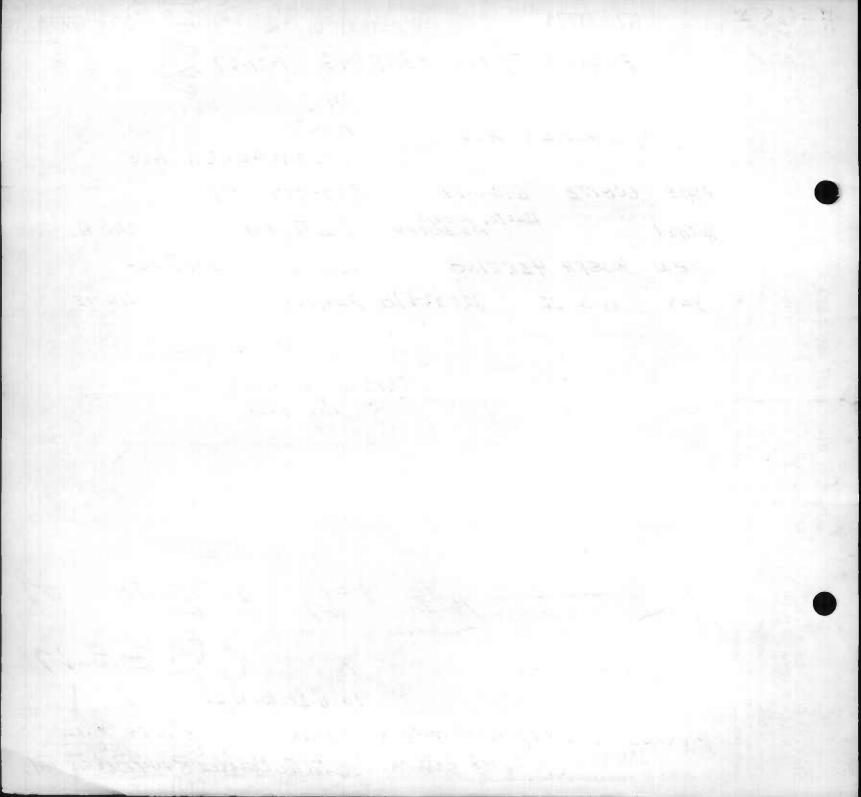
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IRTH NO.67 0772 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No. 67
NAME OF DECEASED Type or Print THELMA N. PFENNING	January 20, 1967 1:58 A.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)  NSTITUTION	A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY  Maryland C. CITY OR TOWN (If autside carparate limits, write RURAL and give township)
3022 Garrison Boulevard	Baltimore  D. STREET ADDRESS (If rurol, give locotion)  3022 Garrison Boulevard
Female White  6. RACE  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  Mark 108 NIND OF BUSINESS OR INDUSTR	B. DATE OF BIRTH  9. AGE (In years lif Under 1 Yr, if Under 24 Hrs, Manths, Days Hours, Min.  55  17. AGE (In years lif Under 1 Yr, if Under 24 Hrs, Manths, Days Hours, Min.  17. BIRTHPLACE (Stole ar foreign cauntry)  12. CITIZEN OF
one during most of warking lite, even if refired)  3. FATHER'S NAME	14. MOTHER'S MAIDEN HAME
5. WAS DECEASED EVER IN U.S. ARMED FORCES?  (es, na ar unknawn) III yes, give war or dates af service)  NO - Unknawn	17. INFORMANT REMINING ADDRESS Safonburg.
DISEASE OR CONDITION DIRECTLY	iple stabwounds of trunk
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes at Na) 20B. IF YES, WERE FINDINGS CONSIDERED
ZIA, EXTERNAL CAUSE WAS UNDERL'INO® OR CONTRIB- UTING CAUSE OF DEATH,  ZID TIME (Manth) (Day) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY	3022 Gartison Blvd. Bedroom 21F. HOW DID INJURY OCCUR?
22.	while X Stabbed by unknown assailant  topsy X ond that an this bosis, death in my opinion  the Homicide X Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER X  ASSOCIATE MEDICAL EXAMINER X  January 20, 1967
3A. BURIAL CREMATION, 23B. DATE 23C. NAME & CEMETERY ( SEMOVAL (Specify)  4A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	CREMATORY 23D. LOCATION (City, town, or county) (Stotal Parties of
's 151-REV. 1/1/05AN 34 1967 Reg. E. Fayley MA	Faring Dyers 8728 Literty Korl

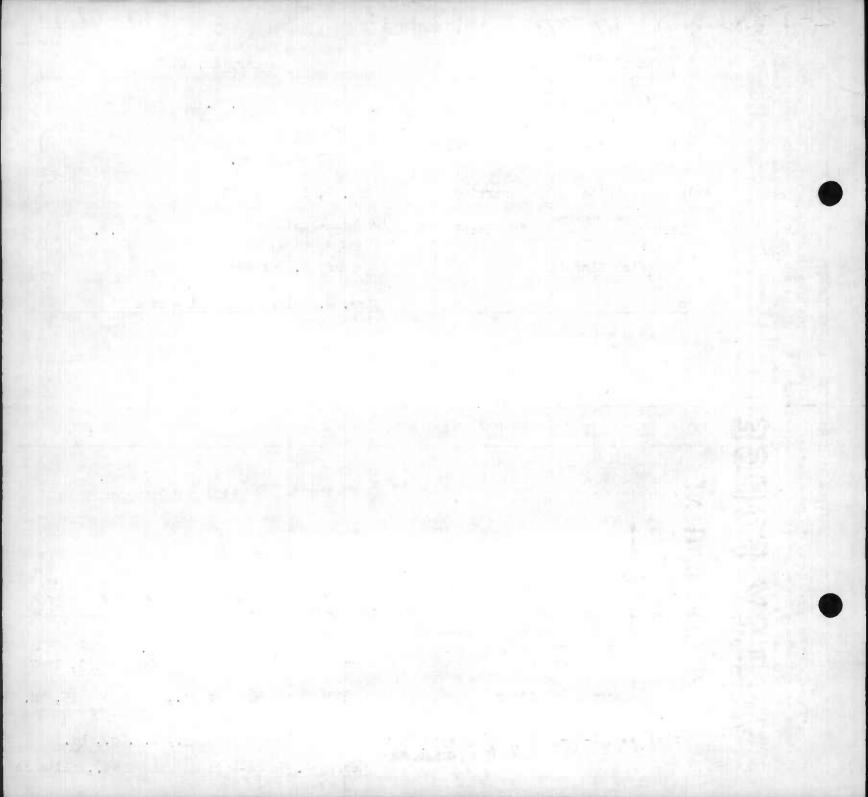


CM.	BALTIMORE CITY	HEALTH DEPARTMENT		CM Observe
BIRTH NO. 67 0773	CERTIFICA	TE OF DEATH	Registered No	6/ 0773
1. NAME OF DECEASED		2. DATE	AND HOUR OF DEATH	000
Type or Fifth le Garner		1//	20/67	16- 0N
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE/()	Where deceased lived. If inst	titutian: residence before odmission)
		A. STATE B. CC	JUNIT	0.000
FULL NAME OF (If not in hospitol or institution, give HOSPITAL OR address or location)	street	C. CITY OR TOWN (II	C - 4 2 4 - 24 - 12 - 24 - 19 - 19	100000
INSTITUTION	11 -	C. CITY OR TOWN	f outside city limits, write RL	JRAL and give township)
Manyland Celveral for	toppelax	D. STREET ADDRESS	(If rurol, give lacotion)	23-00
481	o of poor	STREET ADDRESS	The foreign give laconani	e
7.0	V	36701	louda 110	
6. RACE 7. MARRIED, NE WIDOWED, D	OVER MARRIED OVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
flore white wied	1 nu	02-12-9	6 70	
OA, USUAL OCCUPATION (Give kind of work 108, KIND OF BL	SINESS OR INDUSTRY	1. BIRTHPLACE (State or	fareign cauntry	12. CITIZEN OF
lane during most of working life, even if retired)		Maria	12	WHAT COUNTRY?
3. FATHER'S NAME		A MOTHER MAIDE	NAME A	9311
3. FAIRERS NAME		4. MOTHER'S MAIDEN	NAME Basse	tt.
2. N. Officer		1 ran	1-5- 12-11	-
5. Was Deceased Ever in U. S. Armed Farces?	SOCIAL	7. INFORMANT		4 CADDRESS (C)
Yes, na ar unknown) (If yes, give war ar dates of service)	SECURITY NO.	ma	9 11	I findle to
of the state of th	14-10-82/7	Jorg	James L.C	our purall
18.5 20.21	CAUSE OF	DEATH	0 1	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		50	male aller	3 // //5/
LEADING TO DEATH	(A)	presi	Marine	24-48mm
(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	V , .//	1	
injury or complication which caused death.)		1 I minal	a brond	
ANTECEDENT CAUSES	(B) (A)	Jeg III II	arrows	
	DUETO			
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the	(c) Tent	Sur Sun	way to	
UNDERLYING CONDITION last.	1.00	Sittle and P	white Sal	bowl
11	7	0	0	0,000
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				100
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
U 194 DATE OF OPERATION 1198 CONDITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes	No. 208. IF YES, WERE FI	NDINGS CONSIDERED
WAS PERFORMED	5/ Small hour	1 vies	IN CERTIFYING CAU	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PL	CE OF INTURY (e.g., in	ar about 21C. WHERE DIE	O (If in Boltimore	City, give exoct facotion)
OR CONTRIBUTING CAUSE OF home,	form, foctory, street, affi	ce bldg., INJURY OCCUR		ony, give exect leconom
U				
W OF INTURY	JURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
∠ (A PPPOY)  While  While				,
Wark	At Wark	7 1/1-	, /	7
22. I certify that (1) (this haspital) attended the	deceased from	11/9_/		199
that (1) (we) lost sow the deceased alive on	1/20	196 / ond	that in (my) lour) opini	on death occurred on the dat
and hour and from the causes stated above. (1)	Ve) (did) (did not) vi			
23A. SIGNATURE	- 57 (314) (414 1141) 71	ow the budy offer dec		23B, DATE SIGNED /
13-1-16-	M.D. Atten	ding Med.	Stoff C	25th Date Stottes
all of my	Phys.	Director _	Phy s.	1/20/8/
23 C. PHYSICIAN'S NAME (Type)	2:	D. ADDRESS	1 1	1 / /
P M BUERS	M.D.	Maril	And Comera	2 Homelas
24A. BURIAL CREMATION 24B. DATE 24C. NAM	E of CEMETERY of CREA	AATORY / 1245	LOCATION (City	town or colden. (State)
REMOVAL (Specify)	COLORIVETER OF CREA	240	City	. town, or county) (State)
Burial 1/23/67 Lorr	aine	6	E. Franklin B	alt. Md. 21202
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF I		2SC. FUNERAL DIREC	TOR	ADDRESS
18N C 4 40C7 A A 4	a Fallman	Ioring Rue	rg_8728 Tihent	y Rd. Randallstow
JAN 24 196/1 (196/1)	C. LOWGH	1 11/2 11/6	A-0150 HIDELO	y ita. italiaaristow.



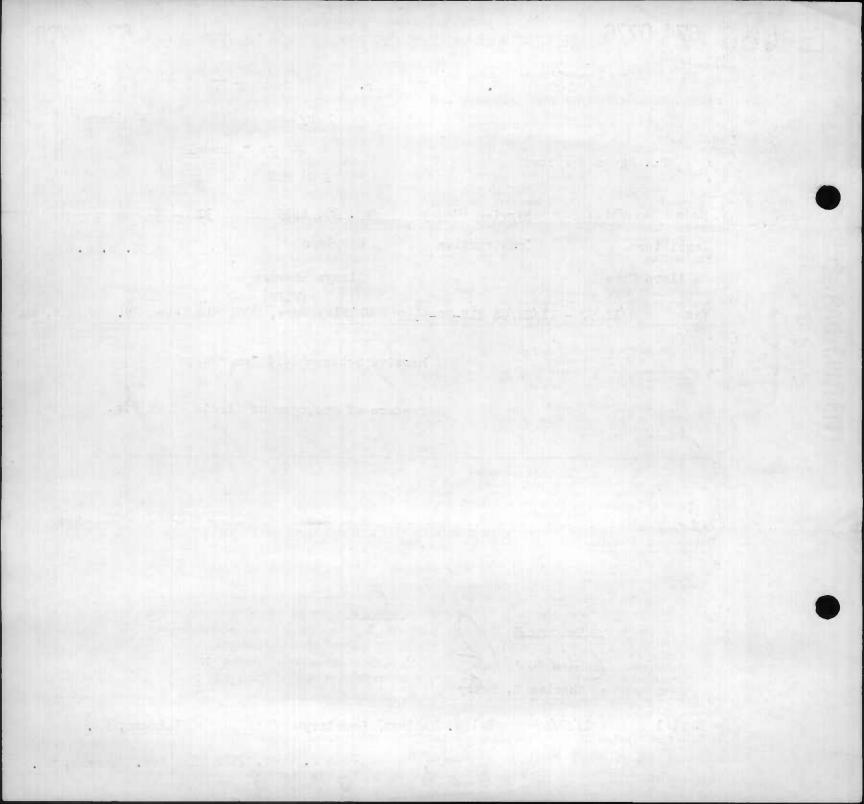


		BALTIMORE	CITY HEALTH DEPARTMENT	ויין חייוה
BIRTH NO.	67 07	75 CERTIFI	CATE OF DEATH Registered	No. 67 0775
M.E. CASE NO.	ECEASED		2. DATE AND HOUR OF DE	ATH
(Type or Print)	REDERICK ZINNE	DT.T.	January 21,	
3. PLACE OF E	DEATH IN BALTIMORE, MA	ARYLAND	4. USUAL RESIDENCE (Where deceased lived.	If institution; residence before admissi
			A. STATE B. COUNTY	
FULL NAME		or institution, give street	Maryland A. A.	<i>(</i> ) >
INSTITUTION		18)	C. CITY OR TOWN (If outside city limits, w	vrite RURAL and give township)
43			Baltimore	50-00
South	Baltimore Gene	eral Hospital	D. STREET ADDRESS (If rurol, give location	1)
			327 Sixth Ave.	
5. sex Male	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (speci	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 I Months Doys Hours Min
			Aug. 7, 1894 72  USTRY 11. BirthPlace (Stote or foreign country)	DO CITIZEN OS
done during most	of working life, even if retired)	THE RIVE OF BUSINESS OF INDI	OSIKI III. BIKINILACE (Store or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	ζ	Steel	Maryland	U.S.
3. FATHER'S N	AME		14. MOTHER'S MAIDEN NAME	
Fred	erick Zinnell		Mary M. Burgess	
5. Wos Deceos	ed Ever in U. S. Armed For	rces? 1 6. SOCIAL	17. INFORMANT	ADDRESS
	wn) (If yes, give wor or dote	es of service) SECURITY NO.		
No			Mrs. C. Dolores Zinnell	- same
1B. 4	20.11	CAU	SE OF DEATH	INTERVAL BETWEEN  ONSET AND DEATH
DISE	ASE OR CONDITION DI	RECTLY	La contraction of	
	LEADING TO DEATH	(A)	to represent toward	myfice
	e not mean the mode of e osthenio, etc. It means		0	
	omplication which coused		hyperburne Coronay	
	ANTECEDENT CAUSES	(B)	The war is	
DISEASES	OR CONDITIONS, if	ony, giving		
rise lo	the obove couse (A)	sloling the (C)	***************************************	
UNDERLYI	NG CONDITION lost.			
7	11			
	DEATH BUT NOT RELA			
	R CONDITION CAUSING I		I A A	
E ISA. DATE	WAS PER	IDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, W	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
# ()				
OR CONTR	DENT WAS UNDERLYING HBUTING CAUSE OF hity medical examiner)		(e.g., in or about 21 C. WHERE DID (If in Balt eet, office bldg., INJURY OCCUR?	timore City, give exact location)
0 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?	
S OF INJURY			While	
(APPROX.)			Work U	
22. I certi	fy that (1) (th <del>is hospit</del> al	l) ottended the deceased from	10-26 1964 10	1-17 1967
			- 17 19 6 7 and that in (my) (aur)	oninian death assured as the
			not) view the body ofter death.	opon death accorred on the
23A. SIGNA			not, view the body offer deoth.	DATE STOLEN
20.00	S. Sil	uge M.D.	Attending Med. Staff	23B, DATE SIGNED
	-	W.D.	Phys. Director Phys.	Kanuary 23, 196
23C. PHYSIC	(Type)		23D. ADDRESS	
	Eugene Sch	nnitzer	M.D. 3904 South Hanover St	t., Baltimore 25. M
24A. BURIAL C	REMATION, 248. DATE	24C. NAME of CEMETERY		(City, town, or county) (State
REMOVAL	(Specily)			
Buria			emetery Ritchie Hgwy	A.A.Co., Md.
25A. DATE REC	DALHER HONDE	STOREST EGISTAL		
		0 1 1 0	George J. Gonce-4001 Ri	tchie Hgwy., Baltim
VS 150-REV 1/	1/65	7 1 7 1	100	



MENT	V	OP	Olemen
ATE	OF DEAT	H Registered No. 67	0776

M.E. CASE NO.	CEASED				2 DATE AN	D HOUR PRONOUNCE	ED DEAD	
(Type or Print)	RAYNOR	D.	EURE	Sr.		ary 23, 1967		6:33 P
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESI	DENCE (Where	deceosed lived. If insti	itution: reside	ence before odmissio
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INISTITE	ITION CIVE STREET	Ma	ryland		Balti	imore (s)
HOSPITAL OR	ADDRESS OR LOCA	TION)	JIION, GIVE SIKEEI	C. CITY OR TO	WN (If outsid	e corporote limits, write	RURAL on	d give township)
				Ва	ltimore	- Dundalk	5	3-00
St	. Agnes Hospi	tal		D. STREET ADE	DRESS (If rurol,	give location)		
40				80	01 Mid	Haven Road		
5. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIR	ТН	9. AGE (In years		Yr. If Under 24 Ho
Male	White	Marrie		Jan. 30,	1935	31		10013
	CUPATION (Give kind of work						12. CITIZEN	N OF
Insulat	working life, even if retired)	Const	ruction	Maryla	nd			COUNTRY?
3. FATHER'S NA		0011201		14. MOTHER'S A		E	Ue	S. A.
Willar				Cladre	Sherman	n		
	ED EVER IN U.S. ARMED	FORCES?	16, SOCIAL	17. INFORMANT		12	ADDRESS	
	n) (If yes, give wor or dote	s of service)	SECURITY NO.		(MITTE)	0000 000		
Yes	8/12/52 - 13	1/21/56	218-30-5442	Shirley	Eure,	8001 Mid Hav	en Rd.	Dundalk,
1B. 3	O X .		CAUSI	OF DEATH				INTERVAL BETWEEN
DISEA	ASE OR CONDITION DI	RECTLY						DINSEL AND DEATH
Distr	LEADING TO DEATH		(A) Massi	ve Subara	chnoid	Hemorrhage		
(This does	not meon the mode of e, osthenio, etc. It meons	dying, e.g.,	DUE TO	******************				
injury or co	e, osthenio, etc. It meons omplication which coused	death.)						
	ANTECEDENT CAUSES	S	Duntu	ro of And	liryem o	f Circle of	Willia	3 .
DISEASES	OR CONDITIONS, IF A	NY, GIVING	DUE TO	ire or Ane	al y Sill O	I direte or	*******	
	HE ABOVE CAUSE (A) ST	TATING THE						
			(C)					
2	li li							
OTHER SIG	GNIFICANT CONDITIONS							
DISEASE	DEATH BUT NOT REI		HE					
LLI I			WHICH OPERATION	20A. AUTOPS	Y? (Yes or No)	20 B. IF YES, WERE FIL		
02	WAS PER	FORMED		Ye	es	IN CERTIFYING CAUS	SES OF DEA	Yes
	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C.	WHERE DID	(If in Boltimore City, gi	ve exoct loc	otion)
	USE OF DEATH.	etc.)	, form, foctory, street,	office bidg., INJUI	er occur?			
Z 21 D TIME	(Month) (Doy) (Year	r) (Hour) 2	IE. INJURY OCCURRED	21 F	IOW DID INJ	URY OCCUR?		
OF INJURY	(Monin) (Doy) (Teol			WHILE	1011 010 1113	DRI OCCOR.		
		m. V	VORK AT V	ORK				
22.	ertify that I held an I	nauiry 🗌	Inspection Au	tapsy X a	nd that an th	is basis, death in m	ny apinlan	
						Undetermined manne		
rest	olted fram: Natural ca	USES A	Accident Suicio				er	
ACTUA	0/	, /	/_			XAMINER		DATE SIGNED
SIGNA		ely S 1	elly M.D	ASSISTANT	MEDICAL E	XAMINER X		
EXAMI NAME	NER'S (Type) Charl	es S. P	etty	ASSOCIATE	MEDICAL E	XAMINER		1/24/67
23A. BURIAL CR		23	C. NAME OF CEMETERY	or CREMATORY	23 D. 1	OCATION (City,	, town, or co	ountyl (Stote)
REMOVAL (Speci	1/27/6	57 T	Ralta Matian	ol Cemete	793.5	Da14	imoma	Ma
	D BY HEALTH DEPT.		Balto. Nation		RAL DIRECTOR		imore,	MQ •
		O & C	E. A. as a					
J.	AN 25 1967 O	o Con O &	Jankanna	John	J. Duda	, 7922 Wise	Ave. D	undalk, Md
VS 151-REV. 1/1		1	1. 7 17		7 -7 -	1		, , ,



BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT FUNERAL DIRECTOR:

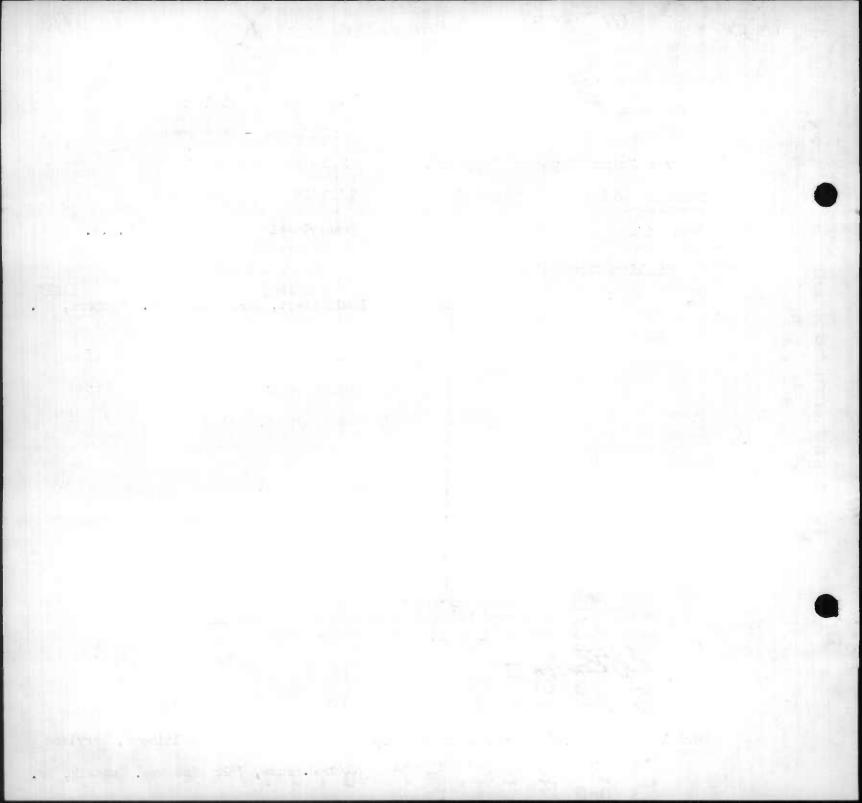
VS 1S0-REV. 1/1/65

12. CITIZEN OF WHAT COUNTRY? Mary Novotny ADDRESS 929 S. Kenwood Ave. Balto. INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 67 and that in(my) (our) opinian death occurred on the date 23B. DATE SIGNED town, or county) Baltimore, Maryland John Ja Duda Anc. 2829 Hudson St. Balto. Md

If Under 24 Hrs.

Bett find only 929 S. Renmondo Spee 12/11/101 4-42 Maryland - 1145 dung theiles year. Frank Williamshi 2 100 a little in a second of the little in the li British Generally - La Six which department - 5 years or sensor 25 -42 The state of Edward women a wagner to nests beauty A SECOND CONTRACTOR OF THE SECOND

	NAME OF DEC				AND HOUR OF DEATH	(= 10	
	ype of Fillin	Ebert, Vic	la		L/23/67	6 <b>1</b> 40 a	
3.	PLACE OF DEA	ATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE ( A. STATE B. C.	Where deceased lived, If in OUNTY	stitution: residence before odmi:	
	FULL NAME O HOSPITAL OR INSTITUTION	F (If not in hospital and oddress or location	or institution, give street	Maryland	Baltimore (	RURAL and give township)	
l	33			Baltimor D. STREET ADDRESS	Baltimore - Edgemere 53-00		
	The	Johns Hopk	ins Hoppital	2924 Wel	ls Avenue		
5.	SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months: Doys Hours M	
	Female	White	Married	2/12/20	46		
		UPATION (Give kind of work working life, even if retired)	108, KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?	
80	Housewij	_		Pennsylvani	a	U.S.A.	
13	FATHER'S NAM	ΛE		14. MOTHER'S MAIDEN			
	**** 7.7	1	3.3	Tauria	e Bolton		
15		liam Gradwe Ever in U. S. Armed Foot				2239004	
(Y	es, no or unknown	(If yes, give wor or dote	s of service) SECURITY NO.	17. INFORMANT (Husband		ADDRESS 21219	
	No		None	Louis Ebert,	2924 Wells A	ve. Edgemere, Mo	
	18. 25	4.51	CAUSE	OF DEATH		INTERVAL BETWEEN	
		SE OR CONDITION DIR	ECTLY			OHIGH AND DEATH	
		LEADING TO DEATH	(A)Co	ngenital hear	t disease	life	
	heart failure,	of meon the made of asthenia, etc. It means	the diseose,				
		aplication which coused	deoth.) Pr	imordial Dwa	rfism	life	
	1	ANTECEDENT CAUSES	( p)				
			DUE TO				
	DISEASES C	OR CONDITIONS, if	ony, giving	lmonary hype:	rtension	?	
	DISEASES C		ony, giving	lmonary hype:	rtension	?	
	DISEASES O	OR CONDITIONS, if	ony, giving	lmonary hype:	rtension	?	
NO	DISEASES O	DR CONDITIONS, if a abave cause (A) G CONDITION last.	ony, giving stating the (C) Pu	lmonary hype	rtension	?	
ATION	DISEASES OF THE SIGNITOR THE DISEASE OR	DR CONDITIONS, if a abave cause (A) G CONDITION last.	ony, giving stating the (C) Pu				
	DISEASES OF THE SIGNITOR THE DISEASE OR	DR CONDITIONS, if a abave cause (A) G CONDITION last.	ONTRIBUTING TED TO THE T. Chronic of the Chronic of	DSTRUCTIVE DI		FINDINGS CONSIDERED	
FRTIFIC	DISEASES OF TISE IN THE DISEASE OF T	DR CONDITIONS, if e abave cause (A) G CONDITION last.  I I I I I I I I I I I I I I I I I I I	ONTRIBUTING TED TO THE T. Chronic O	bstructive pl  20A. AUTOPSY? (Yes	1 monary dis	FINDINGS CONSIDERED USES OF DEATH?	
CFRTIFIC	DISEASES OF UNDERLYING OTHER SIGNI TO THE DISEASE OR 19A.DATE OF CORP. COLORED	DR CONDITIONS, if e abave cause (A) G CONDITION last.  II IFICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I OPERATION PB. CON WAS PERF	ONTRIBUTING TED TO THE T.  DITION FOR WHICH OPERATION ORMED  21B. PLACE OF INJURY (e., home, form, foctory, street, home, form, foctory, street, home, form, foctory, street, home, street, home, form, foctory, street, home, str	DSTRUCTIVE DI	1 monary dis	FINDINGS CONSIDERED	
CAL CERTIFIC	DISEASES Crise la lhe UNDERLYINC  OTHER SIGNI TO THE D DISEASE OR  19A.DATE OF  OR CONTRIBL DEATH (notify	DR CONDITIONS, if a abave cause (A) G CONDITION last.  I FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I OPERATION 178 CON	ONTRIBUTING TED TO THE T. Chronic O	bstructive pl  20A. AUTOPSY? (Yes	1 monary dis	FINDINGS CONSIDERED USES OF DEATH?	
FDICAL CERTIFIC	DISEASES Crise la lhe UNDERLYING OTHER SIGNI TO THE D DISEASE OR 19A. DATE OF OR CONTRIBL DEATH (notify)	DR CONDITIONS, if e abave cause (A) G CONDITION last.  II IFICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I OPERATION PB. CON WAS PERF	ONTRIBUTING TED TO THE T.  Chronic of the Chronic o	20A. AUTOPSY? (Yes of Yes g., in or obout 21C. WHERE DI INJURY OCCU	1 monary dis	FINDINGS CONSIDERED USES OF DEATH?	
CAL CERTIFIC	DISEASES Crise la lhe UNDERLYING OTHER SIGNI TO THE D DISEASE OR 19A. DATE OF OR CONTRIBL DEATH (notify)	DR CONDITIONS, if e abave cause (A) G CONDITION last.  IFICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I FOPERATION 19B. CON WAS PERF  NT WAS UNDERLYING JTING CAUSE OF medicol exorniner)	ONTRIBUTING TED TO THE T.  Chronic of the Chronic o	DSTRUCT: VE DI 20A. AUTOPSY? (YES of Section of Section 121C. WHERE DI 100 OCCU 21F. HOW DID While	Ilmonary dis or No) 208. IF YES, WERE IN CERTIFYING CA NO Of the Boltimore	FINDINGS CONSIDERED USES OF DEATH?	
FDICAL CERTIFIC	DISEASES OF TISE IN THE TO THE DO DISEASE OR DO CONTRIBLE DEATH (notify 1) TO FINJURY (APPROX.)	DR CONDITIONS, if e abave cause (A) G CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ONTRIBUTING TED TO THE T. Chronic O DITION FOR WHICH OPERATION ORMED    218. PLACE OF INJURY (e., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED While At   Not V Work   Not V	DSTRUCT VO 20A. AUTOPSY? (Yes of Yes g., in or obout 21C. WHERE DI noffice bldg., INJURY OCCU 21F. HOW DID While	Ilmonary di si No) 208. IF YES, WERE IN CERTIFYING CA NO  Of the control of the c	FINDINGS CONSIDERED USES OF DEATH?  e City, give exact locotion)	
FDICAL CERTIFIC	DISEASES OF TISE IN THE DESCRIPTION OF INJURY (APPROX.)	OR CONDITIONS, if e abave cause (A) G CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ONTRIBUTING TED TO THE T. Chronic of the Common of the Com	g., in or obout 21C. WHERE DI INJURY OCCU	Imonary dispersion of the second of the seco	FINDINGS CONSIDERED USES OF DEATH?  e City, give exact locotion)	
FDICAL CFRTIFIC	DISEASES OF TISE IN THE DEATH (notify (APPROX.)	OR CONDITIONS, if e abave cause (A) G CONDITION last,  I I I I I I I I I I I I I I I I I I I	ONTRIBUTING TED TO THE T. Chronic ONTRIBUTING TED TO THE T. Chronic ONTRIBUTION ORMED  21B. PLACE OF INJURY (c., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At  Not V Work  Not V Work  Ottended the deceased from	DSTRUCTIVE DI 20A. AUTOPSY? (Yes of Yes of Yes of September 1) office bldg., INJURY OCCU  21F. HOW DID  While on 1/2 on on	Ilmonary distriction of the control	FINDINGS CONSIDERED USES OF DEATH?  e City, give exact locohon)	
FDICAL CFRTIFIC	DISEASES OF TISE IN THE DEATH (notify that (I) (we) and hour one	DR CONDITIONS, if e abave cause (A) G CONDITION last.  IFICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I OPERATION 19B. CON WAS PERFORM (Month) (Doy) (Year)  that (I) (this hospital last sow the decease of from the causes state of the cause of the causes of the cause o	ONTRIBUTING TED TO THE T. Chronic of the Common of the Com	DSTRUCTIVE DI 20A. AUTOPSY? (Yes of Yes of Yes of September 1) office bldg., INJURY OCCU  21F. HOW DID  While on 1/2 on on	Ilmonary distriction of the control	FINDINGS CONSIDERED USES OF DEATH?  e City, give exoct locofion)  23/67  19  nlan death occurred on the	
FDICAL CERTIFIC	DISEASES OF TISE IN THE DEATH (notify (APPROX.)	DR CONDITIONS, if e abave cause (A) G CONDITION last.  IFICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I OPERATION 19B. CON WAS PERFORM (Month) (Doy) (Year)  that (I) (this hospital last sow the decease of from the causes state of the cause of the causes of the cause o	ONTRIBUTING TED TO THE T. Chronic C DITION FOR WHICH OPERATION ORMED  21 B. PLACE OF INJURY (e., home, form, foctory, street, etc.)  (Hour) 21 E. INJURY OCCURRED While At Not V Work  Not V Work  Ottended the deceased from d alive on	DSTRUCTIVE DE 20A. AUTOPSY? (Yes of Yes of the property of the	Imprary dispression of the control o	FINDINGS CONSIDERED USES OF DEATH?  e City, give exect locofion)  23/67  19  nlan death occurred on the	
FDICAL CERTIFIC	DISEASES OF TISE IN THE DESCRIPTION OF THE DESCRIPT	OR CONDITIONS, if a abave cause (A) of CONDITION last.  Illificant CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I'S OPERATION 198 CONWAS PERFORM WAS PERFORMED CAUSE OF medical examiner)  Thot (I) (this hospital last sow the decease of from the causes statements)	ONTRIBUTING TED TO THE T. Chronic C DITION FOR WHICH OPERATION ORMED  21 B. PLACE OF INJURY (e., home, form, foctory, street, etc.)  (Hour) 21 E. INJURY OCCURRED While At Not V Work  Not V Work  Ottended the deceased from d alive on	20A. AUTOPSY? (Yes of Yes of Y	Ilmonary dis	FINDINGS CONSIDERED USES OF DEATH?  e City, give exact locohon)  23/6/ 19  nlan death occurred on the	
FDICAL CFRTIFIC	DISEASES OF TISE IN THE DEATH (notify that (I) (we) and hour one	OR CONDITIONS, if e abave cause (A) of CONDITION last.  IFICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I operation (A) o	ONTRIBUTING TED TO THE T. Chronic C DITION FOR WHICH OPERATION ORMED  21 B. PLACE OF INJURY (e., home, form, foctory, street, etc.)  (Hour) 21 E. INJURY OCCURRED While At Not V Work  Not V Work  Ottended the deceased from d alive on	DSTRUCTIVE DI 20A. AUTOPSY? (Yes o Yes g., in or obout 21C. WHERE DI noffice bldg., INJURY OCCU  21F. HOW DID  While ork  1/2  19.6.7 on t) view the body after dec	Imprary dispression of the control o	FINDINGS CONSIDERED USES OF DEATH?  e City, give exect locotion)  23/67  19  nlan death occurred on the	
FDICAL CERTIFIC	DISEASES OF TISE IN THE DEATH (notify that (I) (we) and hour one 23A. SIGNATU	OR CONDITIONS, if e abave cause (A) of CONDITION last.  IFICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I operation (A) o	ONTRIBUTING TED TO THE T. Chronic C DITION FOR WHICH OPERATION ORMED  21 B. PLACE OF INJURY (e., home, form, foctory, street, etc.)  (Hour) 21 E. INJURY OCCURRED While At Not V Work  Not V Work  Ottended the deceased from d alive on	DSTRUCTIVE DI 20A. AUTOPSY? (Yes of Yes g., in or obout 21C. WHERE DI office bldg., INJURY OCCU  21F. HOW DID  While ork  1/2  19.6.7 on t) view the body after dec  Attending Med. Phys.  23D. ADDRESS	Imprary dispression of the control o	FINDINGS CONSIDERED USES OF DEATH?  e City, give exect locohon)  23/6/  19  nlan death occurred on the  23B. DATE SIGNED  1/23/67	
MEDICAL CERTIFIC	DISEASES OF TISE IN THE DESTRUCTION OF THE DESTRUCT	OR CONDITIONS, if a abave cause (A) a GONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ONTRIBUTING TED TO THE T. Chronic of the Correction of the Correct	DSTRUCTIVE DE 20A. AUTOPSY? (Yes of Yes of Yes of the property	Ilmonary discrete in No. 208. IF YES, WERE IN CERTIFYING CA NO.  Of the in Boltimore in Control of the in (my) (our) apiceth.  Stoff Phys. X  Pkins Hospi:	FINDINGS CONSIDERED USES OF DEATH?  e City, give exact location)  23/6/  19  23B. DATE SIGNED  1/23/67	
CHILAND IA CICHA	DISEASES CONSE IN INC.  OTHER SIGNITO THE DISEASE OR DISEASE OR CONTRIBUTE OF INJURY (APPROX.)  21A. ACCIDENT OF INJURY (APPROX.)  22. I certify that (I) (we) and hour one 23A. SIGNATU	OR CONDITIONS, if a abave cause (A) a GONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ONTRIBUTING TED TO THE T. Chronic C DITION FOR WHICH OPERATION ORMED    21B. PLACE OF INJURY (c., home, form, foctory, street, etc.)   (Hour) 21E. INJURY OCCURRED While At Work At W.   ottended the deceased fram	DSTRUCTIVE DI 20A. AUTOPSY? (Yes of Yes g., in or obout 21C. WHERE DI office bldg., INJURY OCCU  21F. HOW DID  While ork  1/2  19 6.7 on t) view the body after dec  Attending Med. Director Director  23D. ADDRESS  D. Johns Ho  CREMATORY 24	Imonary diagram of No) 208. IF YES, WERE IN CERTIFYING CA NO  Office of the Control of the Contr	FINDINGS CONSIDERED USES OF DEATH?  e City, give exect locotion)  23/6/  nlan death occurred on the  23B. DATE SIGNED  1/23/67	



9	BALTIMORE	CITY	HEALTH	DEPARTMENT

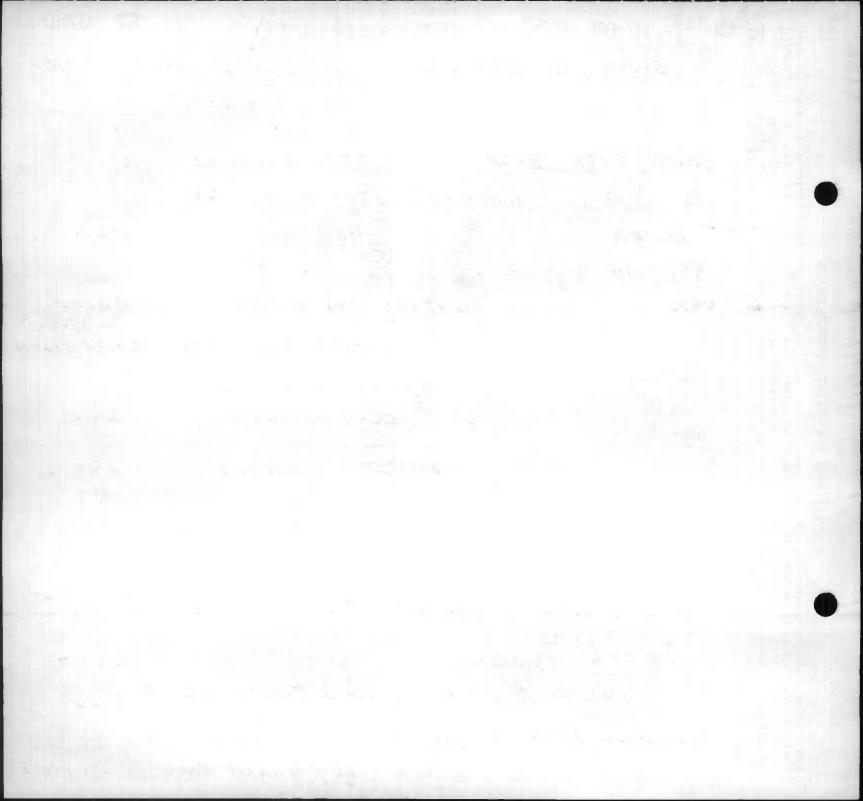
1						1
٨	<b>MEDICAL</b>	EXAMINER'S	CERTIFICATE	OF	DEATH Registered	1º

stered	67	0779

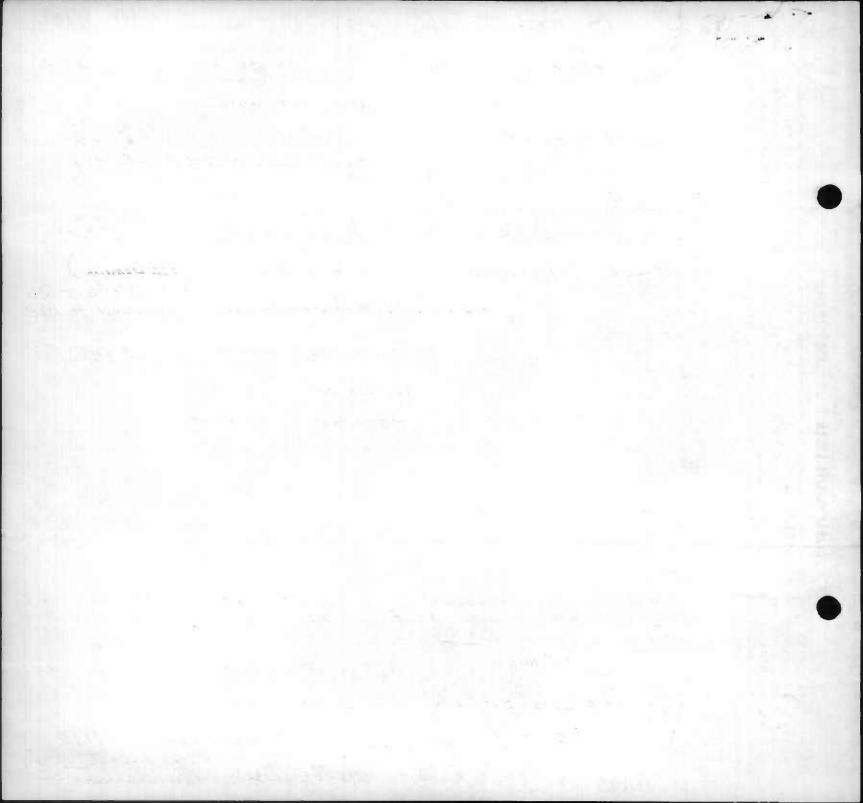
A.E. CASE NO.			
NAME OF DECEASED		2. DATE AND HOUR PRONOUNG	CED DEAD
Type or Print)  GRACE  721	HURST	January 22, 196	67   8:45 P M.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEA		AL RESIDENCE (Where deceased lived, If in:	stitution: residence befare admission)
	A. STAT	Maryland B. co	UNTY
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION)	STREET C. CITY	OR TOWN (If autside carparate limits, wri	te RURAL and give township)
ASSITUTION ADDRESS OF LOCATION		Baltimore	160
- D W	2 (22)		d1-06-
3 V University Hospital	D. STRE	ET ADDRESS (If rural, give location)	
		1309 W. Cross Street	
SEX 6. RACE 7. MARRIED, NEVER MA WIDOWED, DIVORGED(s		OF BIRTH 9. AGE (In years	If Under 1 Yr, If Under 24 Hrs. Manths, Days, Haurs, Min.
Female White	2/2	6/1941 25	
DA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS	OR INDUSTRY 11. BIRTH	IPLACE (State ar fareign country)	12. CITIZEN OF
one during most of warking life, even if retired)	01	1 1/2	WHAT COUNTRY?
House Work + at Home	14 4407	HER'S MAIDEN NAME	1.0.A
2 - / /	14. MO	O G O O	,
mason B. Hurst	- 6	luna m Ckay	
5. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL  16. SOCIAL  SECURIT	Y NO.	RMANT	ADDRESS
- January State of Gold of Sciences	7, 2	LOVER DINA	- class
18. 3 8 0 14	CAUSE OF DE	THE N. MINIST	INTERVAL BETWEEN
332 X I	CAUSE OF DEA	AIR	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	A	D.,	
	Aspiration :	rneumonia	
heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.)	JE TO		
injury of complication which coused death.			
ANTECEDENT CAUSES	Encephalom	alacia	
DISEASES OR CONDITIONS, IF ANY, GIVING	UE TO	aracra	
RISE TO THE ABOVE CAUSE (A) STATING THE			
	Arterioscl	erosis of Cerebral Art	eries.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPE WAS PERFORMED			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A, DATE OF OPERATION 19B. CONDITION FOR WHICH OPE	RATION 120A. A	AUTOPSY? (Yes at Na) 208, IF YES, WERE F	INDINGS CONSIDERED
WAS PERFORMED	2470	IN CERTIFYING CAL	
	NIIIDY Io a in an aba	Yes	
UNDERLYING OR CONTRIB-	ary, street, office bldg	at 21C. WHERE DID (If in Baltimare City, INJURY OCCUR?	And exact ideations
UNDERLYING OR CONTRIB-			
21D TIME (Manth) (Day) (Year) (Hour) 21 E. INJURY	OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) WHILE AT	NOT WHILE		
m. WORK	AT WORK		
22.  I certify that I held an Inquiry Inspection	n Autopsy X	and that on this basis, death in	my opinion
resulted fram: Natural causes X Acciden	Suicide		ier
ACTUAL OIL		HIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE (Clarker Toily	M.D. ASSIST	ANT MEDICAL EXAMINER	
EXAMINER'S		IATE MEDICAL EXAMINER	1/24/67
NAME (Type) Charles S. Petty			
3A. BURIAL CREMATION, 23B. DATE 23C. NAME of	CEMETERY or CREMA	TORY 23D. LOCATION (Cit	y, town, or county) (State)
EMOVAL (Specify)	10:40		
Burial 1/26/67 Mel. 1	livet 6	om 2930 Frede	suck-Gre
4A. DATE REC'D BY HEALTH DEPT. 248. NAME OF REGISTRA	AR 24C	FUNERAL DIRECTOR	ADDRESS 0 / Dy
JAN 25 1967 P. P. F. P. F.	0	1 October 1.	7-20100-
100000000000000000000000000000000000000	STORY THE	the powanton	Nothers.
/S 151-REV. 1/1/65		1// 0	23 mid.
			20, 1110

same wind - at some Kirial 1/20/67 35T. Chart Ein 3710 makricketin

1	217120	BALTIMORE CITY		0000
	H NO. 67 0780	CERTIFICA	TE OF DEATH Registered No.	67 0780
1. NA	CASE NO.		2. DATE AND HOUR OF DEATH	The state of the s
туре	LACE OF DEATH IN BALTIMORE, MARYLAN	SCHOLZ	JAN. 21 19	67 850 AM
. PL	ACE OF DEATH IN BALTIMORE, MARYLAN	ID .	A. STATE B. COUNTY	
	ULL NAME OF (If not in hospital or inst	itution, give street	M.D. BALTO. C. CITY OR TOWN (If outside city limits, write	0.
	OSPITAL OR oddress or location)		11	
	3 /		D. STREET ADDRESS (If rurol, give location)	33-00
B	BALTO. CITY HO	SP		DR
. SE	BALTO. CITY HO	ARRIED, NEVER MARRIED	8 Z O RIVERSIDE  8. DATE OF BIRTH   9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
		MARRIED (specify)	JAN 15 1901 66	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, K. during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
one	BAKER		GERMAN'S	USA
. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAME	
1	HERMAN SCHOL	2	>	
. W	HERINAN SCHOL  Nos Deceased Ever in U. S. Armed Foices?  no or unknown! (Iff yes, give wor or dotes of s	1 6. SOCIAL	17. INFORMANT	ADDRESS
	N /	SECURITY NO.	IDA SCHOLZ	ABOUE
Ti	18.420,11 + 26	CAUSE O	IDA SCHOLZ	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTL			ONSET AND DEATH
	LEADING TO DEATH	(A) COR	ONARY OCCLUSION	SUDDEN DEATI
	(This does not mean the made of dying heart failure, astheria, etc. It means the d			
	injury ar camplication which caused death	ART	ERIO 3CLEROTIC	
	ANTECEDENT CAUSES			· · · · · · · · · · · · · · · · · · ·
	DISEASES OR CONDITIONS, if any, use to the above cause (A) stating	giving (C) HEA	LRT DISEASE	2 YRS,
	UNDERLYING CONDITION last.			
z	OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING DIACE	TES MELLITUS	1 1 1 10
	TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE VIAUE	ILS MELLIUS	IYR.
of I	The second secon			
IFICA	19A. DATE OF OPERATION 19B. CONDITION		20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
CEK	WAS PERFORMI	21B. PLACE OF INJURY (e.g., i	in or obout 21 C. WHERE DID (If in Boltimor	FINDINGS CONSIDERED  USES OF DEATH?  e City, give exact location)
AL CERTIF		ED	in or obout 21 C. WHERE DID (If in Boltimor	USES OF DEATH?
DICAL CERTIF	WAS PERFORMI	218 PLACE OF INJURY (e.g., i home, form, factory, street, o etc.)	in or obout 21 C. WHERE DID (If in Boltimor	USES OF DEATH?
MEDICAL CERTIF	WAS PERFORMI  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)  21D. TIME (Month) (Doy) (Year) (Hot OF INJURY	218. PLACE OF INJURY (e.g., i home, form, factory, street, o etc.)  ur) 21E. INJURY OCCURED  While At Not Whil	in or obout 21 C. WHERE DID (If in Boltimor NJURY OCCUR?	USES OF DEATH?
MEDICAL CERTIF	WAS PERFORMI  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hot	21 B. PLACE OF INJURY (e.g., i home, form, factory, street, o etc.) 21 E. INJURY OCCURRED	in or obout 21 C. WHERE DID (If in Boltimor NJURY OCCUR?	USES OF DEATH?
MEDICAL CERTIF	WAS PERFORMI  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Horomore)  (APPROX.)  22. I certify that (I) (this hospital) atternal	218. PLACE OF INJURY (e.g., in home, form, factory, street, on etc.)  21E. INJURY OCCURRED  While At Not While At Work  anded the deceased from Atlanta	IN CERTIFYING CA	e City, give exact location)
MEDICAL CERTIFI	WAS PERFORMI  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hornor Injury) (APPROX.)  22. I certify that (I) (this hospital) attentiat (I) (we) last sow the deceased oil	218. PLACE OF INJURY (e.g., i home, form, factory, street, o etc.)  21E. INJURY OCCURED  While A1 Not While A1 Work  anded the deceased from At work  ve on AN 9	IN CERTIFYING CA	e City, give exact location)
MEDICAL CERTIF	WAS PERFORMI  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hor OF INJURY (APPROX.)  22. I certify that (i) (this hospital) atte that (i) (we) last sow the deceased oil and haur and fram the causes stated at	218. PLACE OF INJURY (e.g., i home, form, factory, street, o etc.)  21E. INJURY OCCURED  While A1 Not While A1 Work  anded the deceased from At work  ve on AN 9	IN CERTIFYING CA	e City, give exact location)  AN 21 1967  Inian death accurred an the da
MEDICAL CERTIF	WAS PERFORMI  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hornor Injury) (APPROX.)  22. I certify that (I) (this hospital) attentiat (I) (we) last sow the deceased oil	218. PLACE OF INJURY (e.g., i home, form, factory, street, o etc.)  21E. INJURY OCCURRED  While At Not While At Work  anded the deceased from At work  ve on A Good (did not) whose (l) (We) (did) (did not)	IN CERTIFYING CA	e City, give exoct locotion)  AN 2 1 19 6 7  Inian death accurred an the da
MEDICAL CERTIFI	WAS PERFORMI  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)  21D. TIME (Month) (Day) (Year) (Horof Injury (APPROX.)  22. I certify that (I) (this hospital) attentiat (I) (we) last sow the deceased oil and haur and fram the causes stated at 23A. SIGNATURE	218. PLACE OF INJURY (e.g., i home, form, factory, street, o etc.)  21E. INJURY OCCURRED  While At Not While At Work  Ended the deceased from At Work  Dove. (I) (We) (did) (did not) while At M.D. Att.  Att. Phy	IN CERTIFYING CA	e City, give exact location)  AN 21 1967  inian death accurred an the da
MEDICAL CERTIFI	WAS PERFORMI  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hor OF INJURY (APPROX.)  22. I certify that (i) (this hospital) atte that (i) (we) last sow the deceased oil and haur and fram the causes stated at	218. PLACE OF INJURY (e.g., i home, form, factory, street, o etc.)  21E. INJURY OCCURRED  While At Not While At Work  Ended the deceased from At Work  Dove. (I) (We) (did) (did not) while At M.D. Att.  Att. Phy	IN CERTIFYING CA	e City, give exoct locotion)  AN 2 1 19 6 7  Inian death accurred an the da
MEDICAL CERTIF	WAS PERFORMI  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Horofin)  (APPROX.)  22. I certify that (I) (this hospital) after that (I) (we) last sow the deceased oil and haur and fram the causes stated at 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type) OSEPH A  BURIAL CREMATION, 24B. DATE	218. PLACE OF INJURY (e.g., i home, form, factory, street, o etc.)  21E. INJURY OCCURRED  While At Not While At Work  Ended the deceased from At Work  Dove. (I) (We) (did) (did not) while At M.D. Att.  Att. Phy	IN CERTIFYING CA	inian deoth accurred an the da
MEDICAL CERTIFI	WAS PERFORMI  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Horof Injury (APPROX.)  22. I certify that (I) (this hospital) attentiat (I) (we) last sow the deceased oil and haur and fram the causes stated at 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type) OSEPH A.  BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	218. PLACE OF INJURY (e.g., i home, form, factory, street, o etc.)  218. INJURY OCCURRED  While At Not While At Work  Ended the deceased from At Work  Dove. (I) (We) (did) (did not) while At M.D. Att.  At	IN CERTIFYING CA	inian deoth accurred an the da  238. DATE SIGNED  1/23/67  ESSEK, MD  2/22/ ity, town, or county) (State)
MEDICAL CERTIF	WAS PERFORMI  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Horof Injury (APPROX.)  22. I certify that (I) (this hospital) attentiat (I) (we) last sow the deceased oil and haur and fram the causes stated at 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type) OSEPH A.  BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	218. PLACE OF INJURY (e.g., i home, form, factory, street, o etc.)  218. PLACE OF INJURY (e.g., i home, form, factory, street, o etc.)  218. PLACE OF INJURY (e.g., i home, form, factory, street, o etc.)  218. PLACE OF INJURY (e.g., i home, graded)  218. PLACE OF INJURY (e.g., i home, graded	IN CERTIFYING CA	auses of Death?  a City, give exact location)  An 2/ 1967  inian death accurred an the da  238, DATE SIGNED  1/23/67  ESSEK, MD  2/22/
MEDICAL CERTIF	WAS PERFORMI  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Horof Injury (APPROX.)  22. I certify that (I) (this hospital) attentiat (I) (we) last sow the deceased oil and haur and fram the causes stated at 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type) OSEPH A.  BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	218. PLACE OF INJURY (e.g., i home, form, factory, street, o etc.)  218. INJURY OCCURRED  While At Not While At Work  Ended the deceased from At Work  Dove. (I) (We) (did) (did not) while At M.D. Att.  At	IN CERTIFYING CA	inian deoth accurred an the da  238. DATE SIGNED  1/23/67  ESSEK, MD  2/22/ ity, town, or county) (State)



	BALTIMORE CITY	HEALTH DEPARTMENT		67 0781
BIRTH NO. 67 0781	CERTIFICA	TE OF DEATH	Registered Na.	07 0701
W.E. CASE NO.		DATE AND	D HOUR OF DEATH	
	Marion C		11- 47	11.23 p
(Type or Print)  MORKER  3. PLACE OF DEATH IN BALTIMORE, MARYLAN	ID C	/*		stitution: residence before admission
		A, STATE B. COUNT	TY	
FULL NAME OF (If not in hospital ar inst HOSPITAL OR oddress ar location)	itution, give street	MARYLAMD. 4	3217170514	
INSTITUTION .		C. CITY OR TOWN (If outs	side city limits, write	RURAL and give township)
5/NA1 HOS PITA	4	BALTO		01-18
42		3615 W. 1	3ELVED	ERE AVE
5. SEX   6. RACE   7. M	ARRIED, NEVER MARRIED	8. DATE OF BIRTH	ost birthday)	If Under 1 Yr. If Under 24 H Months: Doys Haurs Min,
	DOWED, DIVORCED (specify)	6-19-85	ast birmady)	Total Mars Day's Tradis Marin,
OA. USUAL OCCUPATION (Give kind of work 108. K			gn country)	12. CITIZEN OF
lane during mast of warking life, wen if retired)	Bas - Tanas -	17	1	WHAT COUNTRY?
	BALTO IRANSIT	maryea	nd	034.
3. FATHER'S NAME		14. MOTHER'S MANDEN NAM	AE /	Ectardi
GEORGE MAKE	KER	ELIZABE.	T14 (=	WARRING )
S. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		I STARBIT RE
Yes, no or unknown) (If yes, give wor or dates of s	SECURITY NO.	MR RONALD MO.		
100			NGER T	OWSON 4 MI
18.33/XI		OF DEATH		ONSET AND DEATH
DISEASE OF CONDITION DIRECTL LEADING TO DEATH	Y	DAME HOD MEDIA	ANIA	A Jane
(This does not mean the made of dying	(A) DUE TO	RONEHOPMEDAN		2 days.
heart failure, asthenio, etc. II means the	ienaen			
injury ar complication which caused death	o Oer	ebro vascolan	Accident.	
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if ony,	giving	OVKINSON D	150250	
rise to the above couse (A) statis UNDERLYING CONDITION lost.	ig ine (C)		•	**************************************
11				
OTHER SIGNIFICANT CONDITIONS CONTR				
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE			
19A. DATE OF OPERATION 19B. CONDITION	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes at Na	208, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME			IN CERTIFYING CA	USES OF DEATH?
U 121 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., home, form, factory, street, o	in or about 21 C. WHERE DID	IIf in Baltimare	e City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (natify medical examinet)	etc.)	inice bidg., INJURT OCCUR?		
21D. TIME   Month) (Day) (Year) (Ha	ur) 21E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCIIR?	
OF INJURY	While At Not Whi		JRI OCCOR.	
(APPROX.)	Wark At Wark			
22. I certify that (I) (this hospital) atte	ended the deceased from	1-19-1	967 10	1-21 196
that (I) (we) last sow the deceased ali	ve an /- 21	- 19 67 and the	ot in(my) (our) opi	nian deoth occurred on the d
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			1	
ond hour ond from the couses stoted of	sove. (I) (we) (did) (did not)	view the bady offer deoff.		238. DATE SIGNED
& saeu	M.D. AH	ending Med.	Staff con	
7400	Phy	ending Med. Director	Staff Phy s.	1-21-67
23C. PHYSICIAN'S NAME (Type)	V	23D. ADDRESS	А	
FRANCISCO	SAENZ M.D.	SINAL 1-	105 p157	6
24A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CR			ity, town, ar county) (State
MMOVAL ISpecify	Dama P			100
Mula 1/2-16/	NICUID /(I		KESVILLE	ارارا
2SA. DATE REC'D BY HEALTH DEPT. 2SB. I	NAME OF REGISTRAR	2SC TUNERAL DIRECTOR	872	& Liberty Pod
104 0 5 4067 A	For Farling Mill	Daring Sog	pers JPs	ndallstown
VS 150-REV. 1/1/84N 20 1301 Up		1 0	-	



24A. BURIAL CREMATION,

written

shows:

Was

REMOVAL (Specily)

248. DATE

of death Deceased death

(2)

haspital

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death.

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ance

(APPROX.) Work At Work 22. I certify that () (this hospital) attended the deceased from that ((1) (we) last saw the deceased alive an and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above. (We) (did not) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. AA. D Med. 23C. PHYSICIAN'S NAME (Type 23D. ADDRESS

24C. NAME of CEMETERY OF CREMATORY

1-24 Cemetery 730] 7301 German Hill Rd. -67 Holy Rosary -67 25A. DATE REC'D BY HEALTH DEPT. 901 Balto., 21224 Md.

24D. LOCATION

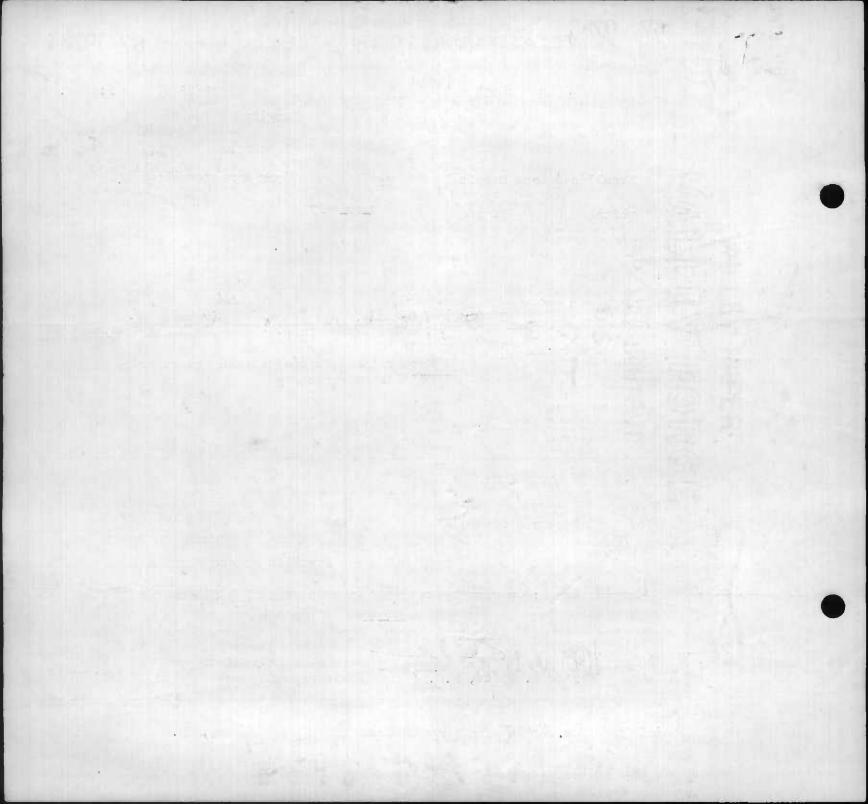
(City, tawn, or county)

(State)

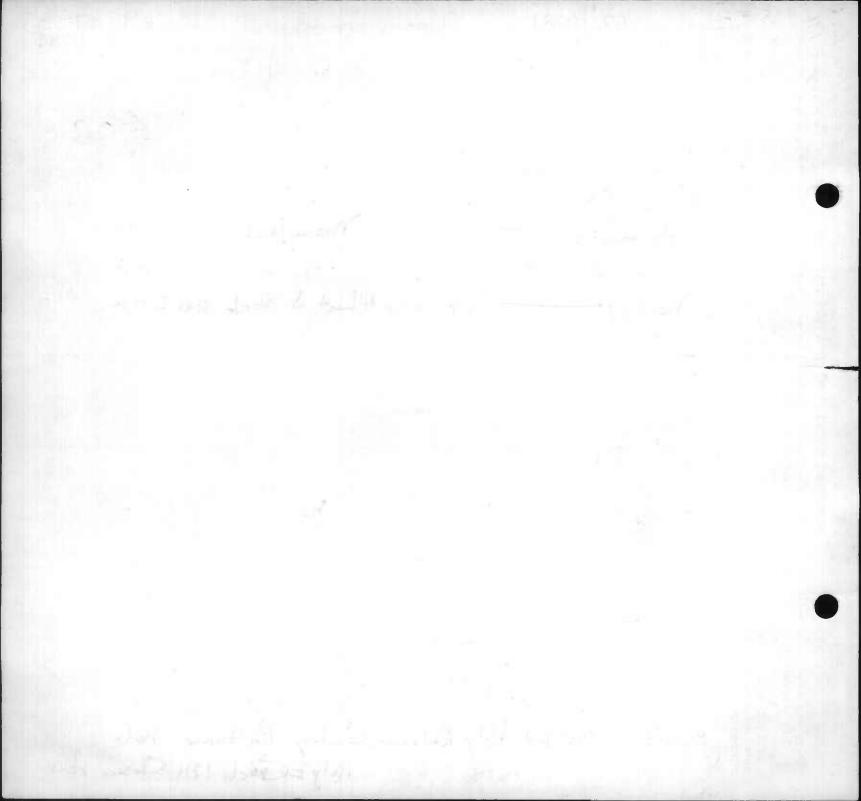
Unema perulande Apperters on some dison send dress - more The 12 fram 12 forth Coty Hops

BIRTH NO.	MEDI		AMINER'S C		TE OF DEATH R	egistered NG	7 0783
M.E. CASE NO.							
(Type or Print)	ECEASED				2. DATE AND HOUR PRON	DUNCED DEAD	
	Joh					21/67	5:30 a. N
	LTIMORE, MARYLAND, W			A. STATE	Maryland	If institution: resi B. COUNTY	Idence before odmission
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA		THON, GIVE STREET	C. CITY OR TOV	WN (If outside corporate limit: Baltimore		and give township)
- 1				D. STREET ADD	RESS (If rurol, give location)	762 0:	
36	Franklin Sq	uare Ho	spital		XXXX COCCOCC	762 Rive	
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT	H 9. AGE (In lost birthdoy	yeors If Under	or 1 Yr. If Under 24 H
male	white		ngle	3-12-1947	7	19	2073 110013
	CUPATION (Give kind of work if working life, even if retired)	TOB. KIND OF	BUSINESS OR INDUSTR		45. 4		ZEN OF AT COUNTRY?
Stude				Baltimore			
13. FATHER'S NA	Mc Hugh			14. MOTHER'S M	AIDEN NAME		
	SED EVER IN U.S. ARMED		16. SOCIAL	17. INFORMANT	old	ADDRES	S
no or unknow	vn) (If yes, give wor or dote	s of servicel	214 48 1265	Mr. John	Baker, 762 Rive	maide Rd.	
18.	1-11 44 5	50.	CAUS	E OF DEATH	Daner, 102 reve	rosec rues	INTERVAL BETWEEN
Z-7	ASS OF CONDITION OF	O O I	/				ONSET AND DEAT
DISE	ASE OR CONDITION DI LEADING TO DEATH	KECILI	Cerebi	ral anoxia	complicating a	nesthesi	B
heart foilur	not meon the mode of re, osthenio, etc. It meons complication which coused	the discose,		or appende			
	ANTECEDENT · CAUSES						
	OR CONDITIONS, IF A	NY, GIVING	(B)		••••••		
	THE ABOVE CAUSE (A) ST YING CONDITION LAST.	ATING THE					
Z			(C)		***************************************		
O THE	II  GNIFICANT CONDITIONS  DEATH BUT NOT REI  OR CONDITION CAUSING	ATED TO T					
19A. DATE C	WAS PER		which operation	20A. AUTOPSY yes	? (Yes or No) 20B. IF YES, WIN CERTIFYING	ERE FINDINGS OF	
21 A. EXTERN	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g., form, foctory, street,	in or obout 21C. V	VHERE DID (If in Boltimore (	City, give exoct I	(ocotion)
	USE OF DEATH.	etc.)	hospita			loonital	19-02
21D TIME OF INJURY	(Month) (Doy) (Yeor		E. INJURY OCCURRED	21F. H	anklin Square How Do Do Nov Do Nov Popular	OSPILAL	
(APPROX.)	1 18 67	about 2:00pm. v	VHILE AT NOT	WHILE IN SYN	cope during ane	sthesia	
22. I ce	ertify that I held an I	nquiry [		L	d that an this basis, deat		an
res	ulted fram: Natural ca	ses A	ccident X Suicio		de Undetermined	monner	
ACTU	AL 110091	,010	-1		EDICAL EXAMINER		DATE SIGNED
	NER'S Werner	U. Spi	z, M.D. M.C		EDICAL EXAMINER		1/21/67
23A. BURIAL CR		23	C. NAME of CEMETERY	or CREMATORY	23D. LOCATION	(City, town, or	countyl (Stote)
REMOVAL (Spec		1. 10/2	M C .1 1		0 0 1 .	M 1	
24A. DATE REC	D BY HEALTH DEPT.	24B. NAME	New athedral	24C. FUNER	Baltimore,	Ma.	ADDRESS

VS 151-REV. 1/1/05 AN 25 1967 Reg & E. Stanburn Thomas J Kenny Inc 1600 Hollins St.

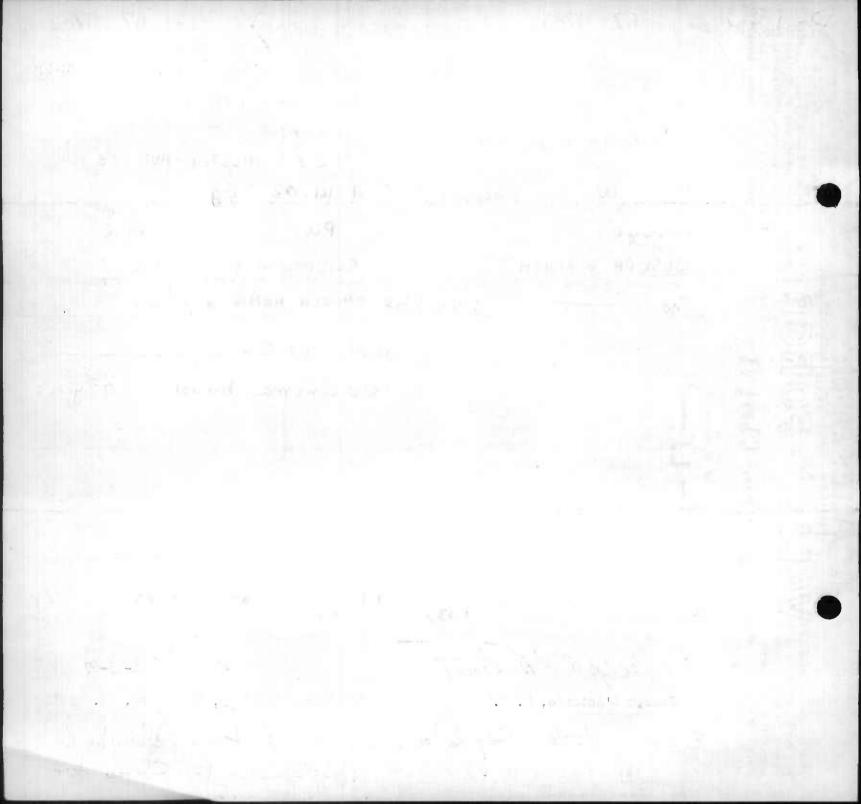


V 5.	< 1	P	20 cm omo4	BALTIMORE CITY HE	ALTH DEPARTMENT		79-97-25
Vn 8	7007	BtRT	PNO. 6/ U/84	CERTIFICATE	OF DEATH	Registered Na.	47-11-8)
X	and ased ased the Such	1, N	CASE NO.  AME OF DECEASED  or Print)	1 1	2. DATE AND	HOUR OF DEATH	67 1/81
30 8	tol f d		ACE OF DEATH IN BALTIMORE MARYLAND		tach) 1/2	2/67	134 m.
2 5	0000	3. 1	ACE OF DEATH IN BALLIMOSE, MARIEAND	Å.	STATE B. COUNT	decrosed lived. If ins	litution: residence before odmission)
2 %	od (S.		ULL NAME OF (If not in hospital ar institution, give str OSPITAL OR address or location)	reet C.	CITY OR TOWN (If outs)	de city timits, write Rl	JRAL I'd give township)
000			ISTITUTION		B. Itizano		6-02
'A		-	The Johns Hopkins	Hospial D.	STREET ADDRESS (If ru	rol, give location)	CD
0 43		5. 5			210/00	AGE (In years	
	occurre ontribut ermined regular sased p	], 3	WIDOWED, DIVE	ORCED (specify)		st birthday)	If Under 1 Yr, If Under 24 Hrs. Months Doys Hours Min.
			USUAL OCCUPATION (Give kind of work 108, KIND OF BUSIN	IESS OR INDUSTRY 11.	BIRTHPLACE (State or foreign	cauntry)	12. CITIZEN OF
	or c ndet s in dec	don	during most of working tife, even if retired)		Marriage	)	WHAT COUNTRY?
	de thought	13.	ATHER'S NAME	14.	MOTHER'S MAIDEN NAM	E	03/1:
E	direct or c direct or c d; (4) Undet th wos in on the decidished		James Novot	TONY	Anna	Pitri	ck
A	9 9 9 9 -	15. (Ye:	Vas Deceased Ever in U. S. Armed Forces?   16.50	CURITY NO.	INFORMANT		ADDRESS
MPORTAN	IN THE SET		Ma 21	9010756 #	( boret J. Stee	che 3021 F	Baltamone St.
0	any ced nda		18.420,/1	CAUSE OF D	EATH	1	INTERVAL BETWEEN ONSET AND DEATH
Z S	of or of of of of		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Mayo	condict Inc	lasetin	hours
-	ono ono		(This daes nat mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease,	DUE TO			
S. S.	ner. actu pro ular mba		injury ar camplication which caused death.)				
ECTOR	E.E. TO DO		ANTECEDENT CAUSES	DUE TO	에서 해 40년 40년에 10 00 00 대체원 원원 40 01에 40원 41년 41년 41년 42년 41년 41년 41년 41년 41년 41년 41년 41년 41년 41		
RE	0 A R - E 0		DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the	(C)			
1	vi		UNDERLYING CONDITION lost,				
-		N O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
R	med y bu phy phy ian	CATIO	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		30A		
FUNERAL	by o mee 2) Body bu re the phy physician ore the re	ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
J E		U	21A. A C CIDENT WAS UNDERLYING 21B. PLAC OR CONTRIBUTING CAUSE OF home, form	E OF INJURY (e.g., in or	obout 21 C. WHERE DID	(If in Bottimare	City, give exact location)
	by the pital ree; (whe No	CAL	DEATH (notify medical examiner) etc.)	, , , , , , , , , , , , , , , , , , , ,			
	Sp (Sp	MEDI	OF INJURY	RY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
	a d 6 a 5 V		(APPROX.) While At Work	Not While At Work			100/10
	d + E 9 0		22, I certify that (I) (this haspital) ottended the dec	A		to	19 19 19
	_ 0 _ 0		that (I) (we) lost saw the deceased alive an	192/67		in(my) (aur) opin	ian death accurred an the date
	leased to ident of hospitol o death)		and haur and fram the causes stated above. (I) (We)	(did) (did nat) view	the bady after death.		23B. DATE/SIGNED
	3 6 6 5		Lee de luer	M.D. Attendin	9 Med. S	toff hys	1/22/67
	s rele occi		23C. PHYSICIAM'S NAME (Type)		ADDRESS 2	1	1010/
	This certificate the body wos rushows: (1) An owas D.O.A. of checased prior written opprov		Lee J. Silver	M.D. 0	Ohns No DA	ins Hos	P.
	dy (3)	244	REMOVAL (Specify)	CEMETERY OF CREMA	TORY 240. LO	CATION (CIL	, town, or county) (Stote)
	This cer the bod shows: was D.( decease	25.	Survey 1/25/67 Holy	Rodeemen	smetery 12	House	Mol.
	This cert the body shows: (1 was D.O decease	234	JAN 25 1967	Fr. A. M.	250 FUNERAL DIRECTOR	1 1911	ADDRESS
		V\$	50-REV. 1/1/65	ACTION AND AND AND AND AND AND AND AND AND AN	INCOP THE ME	ch (d/1)	- Me serce King



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTI	1 No. 67 0785		BALTIMORE CITY CERTIFICA			Registered Na.	67 07	85
M.E.	CASE NO.		CERTIFICA	IE OF		ND HOUR OF DEATH		
	DUFFY 3M	1Rs	AGNES				9671	9.92 P A
3. PL	ACE OF DEATH IN BALTIMORE, MARYLAND			4. USUAL S	RESIDENCE (Whe	Jan. 23 1	stitution: residence befo	re admission)
E	JLL NAME OF (If not in hospital or institu	tion. c	nive sheet		-TIMORE		B, Of 1	0
H	OSPITAL OR address or location)		give sileer			tside city limits, write R	URAL and give townsh	hip)
-	35 CHUPCH HOME		4000		17 MORE		53-00	
0	25 CHORCH HOME	d- 1	17031.			rurol, give location) HILLTOP +	WE. (6)	
5. SE	F W WIDE	OWED	NEVER MARRIED  D. DIVORCED (specify)  RIED		4.08	9. AGE (In years last birthday)	If Under 1 Yr. If L Months Days Hour	Jnder 24 Hrs. Min.
	USUAL OCCUPATION (Give kind of work 108, KfN during most of working life, even if retired)	D OF	BUSINESS OR INDUSTRY	11. BIRTHPL	ACE (State or fare	ign country)	12. CITIZEN OF	Y?
,0	Houswife.			l t	a.		AMR.	
3. F	ATHERS NAME			14. MOTHER	S MAIDEN NA	ME		
	JOSEPH WINDISH			ELI	ZABETH	HEILING	ER	
5. V	/as Deceased Ever in U. S. Armed Forces? na arunknawn) (If yes, give war ar dates of serv	ical.		17. INFORM			ADDRESS	
103,	W green and a doles of serv	/ice/	215018758	CHUR	2CH HO	ME & HO	SP.	
7	B. / 5 / 1		CAUSE O	F DEATH			INTERVAL B	
	DISEASE OF CONDITION DIRECTLY				7.		ONSET AND	DEATH
	LEADING TO DEATH		(A)	nelas	lahe C	-avanoma	ર	
	(This does not mean the mode of dying, heart failure, asthenio, etc. It means the disc		DUE TO			_ breast		
	injury ar complication which coused deoth.)		(B)	Corc	inoma	_ breast	9 4	ecus.
	ANTECEDENT CAUSES		DUE TO					}
	DISEASES OR CONDITIONS, if any, girise to the above cause (A) stoting		(C)					
	UNDERLYING CONDITION lost.		**************************************				· · · · · · · · · · · · · · · · · · ·	
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBETO THE DEATH BUT NOT RELATED TO	UTIN (	3 E					
ICA		FOR V	WHICH OPERATION	20 A. AUT	OPSY? (Yes or No	o) 208. IF YES, WERE F	INDINGS CONSIDERE	D
CERTIFIC	WAS PERFORMED					IN CERTIFYING CAU	ISES OF DEATH?	
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B, hom etc.)	PLACE OF INJURY (e.g., in e, farm, factory, street, of	ar about 210 fice bldg., INJ	O. WHERE DID	(If in Baltimore	City, give exact lacon	ion)
MEDIC	21D. TIME (Manth) (Day) (Year) (Haur)	21 E.	INJURY OCCURRED	21 F	. HOW DID INJ	URY OCCUR?		
S	OF INJURY (APPROX.)		le At Not While					
	22 1	Wor				10/7	2.5	/-
	22. I certify that (I) (this haspital) attend that (I) (we) last saw the deceased allve			106		1967 to 1.	23	19.67
						iat in(my) (aut) apin	lan death accurred	on the date
	and have and from the causes stated above	ve. (I	) (We) (did) (did nat) v	iew the bad	ly after death.		23 B. DATE SIGNED	
ľ	Para a Doll	1	M.D. Atte	nding [	Med.	Stoff max		
-	3C.PHYSICIANS	No		nding 23D. ADDRES	Director	Staff Phy s.	1-23-67	
	Joseph D'Antonio, M.	ת				adway, Balti	more Md 2	1 271
244			M.D.				· · · · · · · · · · · · · · · · · · ·	
-40.	REMOVAL (Specify)	1	O O CENTERENT OF CRE	A (	2	OCATION (CI)	y, town, or county)	(Stote)
25.4	SURIA 1/27/67	Hol	7 Keeleemen	one for	y B	y throne,	any line	K
¿SA.	258. NA		F REGISTRAR	250. 501	TENAL DIRECTOR	. ( 121, (	ADDRES	2
1/8 1	JAN 25 1967 102	弘人	S. Marmenin	410	ALES-N	gey lall	- he seco 15	ve.
43 I	50-REV. 1/1/65				V			



			0.000	BALTIMORE CITY	HEALTH DEPARTMENT		מסנים מיים
BIRTH	I NO.	67	0786	CERTIFICA	TE OF DEATH	Registered Na	67 0786
M.E.	CASE NO.	SED	/ 11	111		D HOUR OF DEATH	40
(Туре	or Print)	111	v MA	4 HIbrec	HT 1-	23-67	7- PM.
3. PL	ACE OF DEATH	IN BALT	MORE MARYLAND		4. USUAL RESIDENCE (When		itution: residence before admission)
FL	JLL NAME OF	(II not	in hospitol or institut	ion, give street	MAKUldad	1 15000/40	coxcoxx
H	OSPITAL OR	oddres	s or locotion)		C. CITY OF TOWN , III out		IRAL and give township)
4	44	11		11/1/		ore 21200	5 60
0.	Nion	11/10	morial	Hospital	06211 1	und, give locotion)	ve
5. SE	emale 6.	Whi.		RIED, NEVER MARRIED	B. DATE OF BIRTH 81	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10A.	USUAL OCCUP		kind of work 10 B. KIN	D OF BUSINESS OF INDUSTRY	11. BIRTHPLACE (State or forei	gn country)/	12. CITIZEN OF WHAT COUNTRY?
done	11	N C	(Housewife	)	Manula	acol	United States
13. F.	ATHER'S NAME	-			14. MOTHER'S MAIDEN NAM	ME	
	eorge	He.	nes		HATTIE	Unknown	
15. W (Yes,	no or unknown) (I	yes, give	Armed Forces? wor or dotes of serv	ice) 1 6. SOCIAL SECURITY NO,	17. INFORMANT/2 RA	sel	58 24 Plumer A.
1	No			214-03-2308D			BALLimore, MJ.
	18.5 93	$\times$ 1		CAUSE O	FOEATH		INTERVAL BETWEEN ONSET AND DEATH
		OR CONE	DITION DIRECTLY	4	1/0		41
	(This does not	meon the	mode of dying,		Vernovit		
			. It means the dise ch coused death.)	rose,	1 /.		7
	AN	TECEDEN	T CAUSES	(B) Ken	al disense	10 a a 000 00 a a birarrananya a angayya o o o o o	
	DISEASES OR	CONDITI	ONS, if ony, gi	DUE TO ving			
	rise Io Ihe UNDERLYING		ouse (A) sloting N lost.	the (C)			
		- 11				-	
ATION	OTHER SIGNIFIC	ANT CON	DITIONS CONTRIBL	JTING THE			
CAI	DISEASE OR CO			FOR WHICH OPERATION	120 A. ALITOPSY? (Ves. or No.	) 20R. IF YES WEDE EI	NDINGS CONSIDERED
ERTIFIC	O	TERATION	WAS PERFORMED	OK WHICH OFERAHON	20A. AUTOPSY? Ves or No.	IN CERTIFYING CAU	SES OF DEATH?
0 2	21 A. ACCIDENT OR CONTRIBUTI DEATH (notify m	NG CAL	ISE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21°C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
EDI	21D. TIME (/	Month) (D	oy) (Yeor)   Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
3	(APPROX.)			While At Not White At Work	e		
2	22. I certify th	at (the	2 15 h sell ditiond	ed the deceased fram	1-19	19 6 2 to	1-25 1967.
	that (#) (we) la	st saw th	e deceased alive	an 1-23	19 6 2 and the	at in(🚙) (aur) apini	an death accurred an the date
	and haur and f	an the c	auses stated alay	2. (4) (We) (did) (d <del>id noi)</del> v			
	3A. SIGNATUJE	/	11/1/	1			23B, DATE SIGNED
	Both	~ 1	e Varen	M.D. Atte	ending Med. Director	Stoff Phys.	1-23-67
1	PHYSICIAN	s	1		23D. ADDRESS		
0	JOHN R		HN. MD	M.D.	THE UNION MEM	ORIAL HOSP	1 T A1
24A.	BURIAL CREMA	ATION, 24E		C. NAME of CEMETERY OF CRE			, town, or county) (Stote)
	Burial Spe	ecity)	L/27/67. H	oly Redeemer Cem	etery	Baltimore	Md.
25A.	DATE REC'D B'			ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	J	AN 25	1987 12 0	" A E Fallwas	Leonand J. Ruc		
VS 1	50-REV. 1/1/65	, , ,		STATE OF THE PROPERTY OF THE P			

Maryland Booking Ballines Union Momorins \$824 Munes Aus Franke White Widowed Chirch State Marshand HATTIE BADE Emmy Hymos Marie 21 4283 Balkann F. TIVE AS IT IN A LEWEY THE EAST THE

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BALTIMORE CITY HEALTH DEPARTMENT

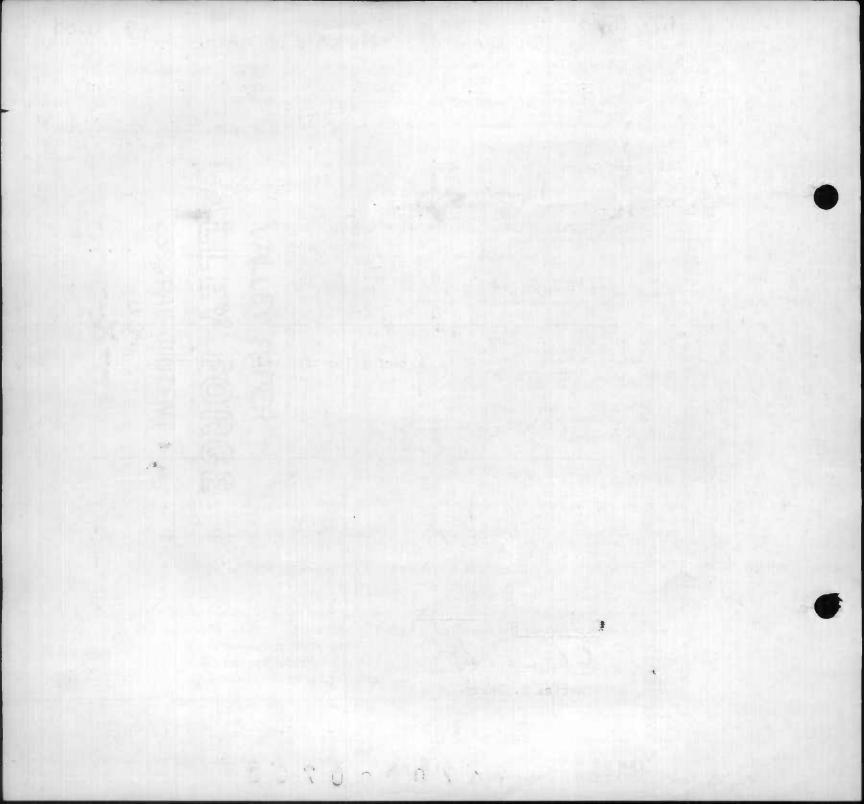
67

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No...

M.E. CASE NO.	
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
##9HP###Ticholas ####	7711
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)  A. STATE  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Baltimore
1606 Charlotte Avenue	D. STREET ADDRESS (If rurol, give focotion)
	1606 Charlotte Avenue
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
Male White	Dec 6,1901 65
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even if retired)  Pressman  News-Post	Maryland USA
13. FATHER'S NAME	Maryland USA
Charles F. Grap	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
2.0	Walter Grap 3551 Elmley Ave
18. 422, / 1 CAUS	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	OHISE AND DEATH
LEADING TO DEATH  (This does not make the mate of this area. (A) Arter	iosclerotic Cardiovascular Disease.
(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease. injury or complication which caused death.)	
ANTECEDENT · CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING (B)	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
E	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ZIA. EXTERNAL CAUSE WAS 218, PLACE OF INJURY (e.g.,	
UNDERLYING OR CONTRB-	in or obout 21C. WHERE DID (If in Boltimore City, give exact facotion) office bldg., INJURY OCCUR?
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F, HOW DID INJURY OCCUR?
OF INJURY (APPROX.)  WHILE AT NOT m. WORK AT V	WHILE WHILE
22. I certify that I held an Inquiry Inspection X Au	tapsy and that an this basis, death In my opinion
resulted fram: Natural causes X Accident Suicid	le Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL ()	ASSISTANT MEDICAL EXAMINER X
1	ASSOCIATE MEDICAL EXAMINER 1/24/67
EXAMINER'S Charles S. Petty	ASSOCIATE MEDICAL EXAMINER.
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY REMOVAL SPECIAL 1-27-1967 Baltimore	
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
JAN 25 1967 Robert E. Farberna	Iso G. Cock 7200 Harford Road

martin de disperse to the state of th

Type or Print	1	E. CASE NO.	EASED					2. DATE AND I	HOUR PRONOU	INCED DEAD	
FULL NAME OF ADDRESS OR LOCATION)  414 Manse Court  414 Manse Court  414 Manse Court  414 Manse Court  5. SEX	(T)	rpe ar Print)		LIAM	E.	PINDE	ELL				10:24 A
Francis  Sase of Condition Directly  Lamber of Courter of Manual Courter of C	3.	PLACE IN BALTI	MORE, MARYLAN	ND, WHERE PRO	DNOUNCED DEAD		. STATE				dence befare admission)
D. STREET ADDRESS (if rowle, give locoson)	IIHO	OSPITAL OR	(IF NOT IN H ADDRESS OR	OSPITAL OR IN	ISTITUTION, GIVE S	STREET	CITY OR TOV	VN (If autside c	arparate limits,	write RURAL o	and give talwaship)
S. SEX   Male   Negro   Negr	1	414 M	lanse Cour	rt		D	STREET ADDI	ESS (If rurol, giv		_//_	0.1
IDA_USUAL OCCUPATION (cive kind of seah of the dame during most of weaking life, even if refreed)   IDA_USUAL OCCUPATION (cive kind of seah of the dame during most of weaking life, even if refreed)   IDA_USUAL OCCUPATION (cive kind of seah of the dame during most of weaking life, even if refreed)   IDA_USUAL OCCUPATION (cive kind of seah occupation)   IDA_USUAL OCCUPATION (cive kind					ED, DIVORCED(spe		DATE OF BIRTH	1	9. AGE (In ye lost birthday)		
13. FATHER'S NAME						R INDUSTRY 11.	. BIRTHPLACE	State or foreign o		WHA	AT COUNTRY?
Security No.   Security No.   Security No.   Security No.   Bessie Pinkney 1821 Fulton Avenue	13.	FATHER'S NAM		p Pinde	11	14	MOTHER'S M	AIDEN NAME			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  This does not meen the mode of dying, e.g., hear failure, asthenia, etc. It means the disease, injury or completions which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)			DEVER IN U.S. 7	ARMED FORCES	? 16. SOCIAL	NO.		Pinkney	1821		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION NO  21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH?  21B. PLACE OF INJURY (e.g., in or about 21C, WHERE DID (If in Boltimore City, give exact lacetion) hame, famm, factory, street, office bidg., INJURY OCCUR?  OF INJURY (APPROX.)  21E. INJURY OCCURRED OF INJURY (APPROX.)  21. Certify that I held on Inquiry Inspection X Autopsy ond that on this basis, death in my opinion  resulted from: Natural causes X Accident Suicide Homicide Undetermined monner  CHIEF MEDICAL EXAMINER  DATE SIGNED  SIGNATURE EXAMINER'S  ASSOCIATE MEDICAL EXAMINER  1/23/67		1-59								32 4	ONSET AND DEATH
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  22. I certify that I held on Inquiry Inspection X Autopsy ond that on this basis, death in my opinion resulted from: Natural causes X Accident Suicide Homicide Undetermined monner  ACTUAL SIGNATURE EXAMINER'S  ASSOCIATE MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  1/23/67	Z	A DISEASES ( RISE TO THI	ot meon the ma asthenia, etc. It nplication which c NTECEDENT C OR CONDITION! E ABOVE CAUSE	ode of dying, means the disc aused death.l CAUSES S, IF ANY, GIVI (A) STATING	ose, DUE	E TO	osclerot	ic Cardic	ovascula	r Disea	se.
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.    home, farm, factory, street, office bldg, INJURY OCCUR?   21D TIME (Manth) (Doy) (Year) (Hour)   21E INJURY OCCURRED   21F. HOW DID INJURY OCCUR?   WHILE AT NOT WHILE AT NOT WHILE AT WORK   AT WORK   AT WORK   Ond that on this basis, death in my opinion	FICAT	DISEASES ( RISE TO THI UN DERLYIN  OTHER SIGN TO THE	ot meon the many of the many of the condition of the cond	ode of dying means the dise caused death.  CAUSES S, IF ANY, GIVI (A) STATING LAST.  TIONS CONTRI OT RELATED AUSING IT.	NG DUE  NG DUI  THE (C)  BUTING TO THE	E TO					
OF INJURY (APPROX.)  1 certify that I held on Inquiry Inspection X Autopsy ond that on this basis, death in my opinion resulted from: Natural causes X Accident Suicide Homicide Undetermined monner  ACTUAL SIGNATURE EXAMINER'S  ASSOCIATE MEDICAL EXAMINER IN 1/23/67	FICAT	DISEASES OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF TO A THE DISEASE OF TO A THE DISEASE OF	ot meon the man astheria, etc. It implication which continues the continues of the continue	caused death.  CAUSES S, IF ANY, GIVI (A) STATING LAST.  CONTRI OT RELATED AUSING IT. B, CONDITION AS PERFORMED	NG DUI THE (C) BUTING TO THE	E TO	20A. AUTOPSY NO	? (Yes ar Na)   20   IN	B. IF YES, WER CERTIFYING C	E FINDINGS (CAUSES OF D	CÖN SIDERED EATH?
Certify that I held on Inquiry   Inspection X   Autopsy   Ond that on this basis, death in my opinion resulted from: Natural causes X   Accident   Suicide   Hamicide   Undetermined monner   CHIEF MEDICAL EXAMINER   DATE SIGNED	EDICAL CERTIFICAT	OTHER SIGN TO THE DISEASE OF THE DIS	ot meon the man asthenia, etc. It in plication which continues the continues of the continu	caused death.  CAUSES S, IF ANY, GIVI (A) STATING LAST.  CONTRI OT RELATED AUSING IT. B, CONDITION AS PERFORMED	BUTING TO THE  21B. PLACE OF INJ home, farm, factor)	E TO  ATION  JURY (e.g., in	20A. AUTOPSY NO or about 21C, W	? (Yes ar Na) 201 IN	B. IF YES, WER CERTIFYING C	E FINDINGS (CAUSES OF D	CÖN SIDERED EATH?
	EDICAL CERTIFICAT	OTHER SIGN TO THE DISEASE OF TO THE UNDERLYING UNDERLYING UNDERLYING UNDERLYING CONTROL OF INJURY	ot meon the man asthenia, etc. It in plication which control to the control to th	ode of dying means the dise raused death.  AUSES S, IF ANY, GIVI (A) STATING LAST.  ITIONS CONTRI OT RELATED AUSING IT. B, CONDITION AS PERFORMED	BUTING TO THE  21B. PLACE OF INJ hame, farm, factory etc.)  21E. INJURY O	E TO  E TO  JURY (e.g., in y, street, office  CCURRED  NOT WH	20A. AUTOPSY NO or about 21C, W bidg., INJURY	? (Yes ar Na)   20    IN /HERE DID (If i	B, IF YES, WER CERTIFYING C	E FINDINGS (CAUSES OF D	CÖN SIDERED EATH?
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)  Burial 1-27-67 Baltimore Nat'l. Cem. Baltimore, "aryland"	EDICAL CERTIFICAT	A DISEASES OF THE DISEASES OF TO THE DISEASE OF THE	ot meon the masteria, etc. It implication which control of the con	caused death.  CAUSES S, IF ANY, GIVI (A) STATING LAST.  CHIONS CONTRI OT RELATED AUSING IT. B. CONDITION AS PERFORMED  (Year) (Hou	BUTING TO THE  CO  FOR WHICH OPERA  21B. PLACE OF INJ hame, farm, factor, etc.  21E. INJURY O WHILE AT  Inspection  Accident	E TO  E TO  JURY (e.g., in y, street, office of the course	20A. AUTOPSY NO or about 21C. W bidg., INJURY 21F. Ho HLLE Sy Onc CHIEF M SSISTANT M	? (Yes or No) 20) IN /HERE DID (IF; OCCUR?  DW DID INJURY  I that on this de Unc	B. IF YES, WER CERTIFYING Con Baltimare Cit OCCUR?  bosis, deoth determined management of the baltimare MINER MINER MINER	E FINDINGS (CAUSES OF DI	CONSIDERED EATH? acation)  DATE SIGNED



-		BIRTH
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	BIRTH  M.E.  1. NA (Type  3. PL  FU  HC
	Dece or ath.	3. PL
	hosp Use (5) danc dec	FU
	use; tenc	
	r at at prio	1
	rribu nine gula sed mad	5. SEX
	con con repert	13. F/
	deat or or as ir as ir sitio	13. F
	irect (4) (4) th	
IAN	stan ind; leat leat al d	1S. W (Yes,
ORI	assi if th ny k ed a dana	1
MP	lso, of a ounc tren	
∷	ture rond	
0	fracho post	
FUNERAL DIRECTOR: IMPORTANT	exa exa (3) A in v	MEDICAL CERTIFICATION
5	dical ical rns; sicia vas	
RAI	med med bu phy an	MEDICAL CERTIFICATION
N	chie Body the ysici	RTIFIC
3	the (2) (2) ere o ph	AL CE
	spites, who so No.	EDIC
	ovec e ho nat cept nd (d	2
	fan)	1
	be ded to not of	2
	must sleas cide hos to do	
	at a at a rior	2
	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made.	24A.
	s cer bod ws: s D. eas	Bu 25A.
	Thi the sho wa ded	

	BALTIMORE CIT	Y HEALTH DEPARTMENT	CD OWO
BIRTH NO. 67 0789 M.E. CASE NO.	CERTIFICA	ATE OF DEATH Register	
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR OF	
Allen	P Johnson		2, 1967 M.
3. PLACE OF DEATH IN BALTIMORE, MA FULL NAME OF (If not in hospital	ar institution, give street	4. USUAL RESIDENCE (Where deceased li A. STATE B. COUNTY  Md	ived. If institution: residence before admission)
HOSPITAL OR oddress at location		C. CITY OR TOWN (II outside city limit	s, write RURAL and give township)
1/		Baltimore	
46 Lutheran Hosp	oital	D. STREET ADDRESS (If rural, give lac	St
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9, AGE (In your last birth go)	Months Doys Hours Min,
done during most of working lite, even if retired)  Construction Laobre		Y 11. BIRTHPLACE (Stote or foreign country)  Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Alfred Johnson		Charles Annie Tayl	
15. Was Deceased Ever in U. S. Armed For (Yes, no or unknown) (If yes, give wor or dote	rces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT Mrs Nina J Horne	5815 Belgrove Rd
DISEASE OR CONDITION DI LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. II means injury or complication which coused	dying, e.g., DUE TO	OF DEATH  Referen Hear Dele	interval Between onset and Death
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, if			
rise to the above cause (A) UNDERLYING CONDITION last,	stating the (C)	9 <b>994</b> 9 am 90 99 am am 98 989 an am mar ma	00 an an 0 an a 0 an a <del>00 a 0 a</del> 0 an agus agus agus agus agus an agus an agus agus agus agus agus agus agus agus
OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELADISTANCE OF CONDITION CAUSING	ATED TO THE		
	IDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes ar No.) 20 B. IF YE. IN CERTIFY	S, WERE FINDINGS CONSIDERED TING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	, in or about 21C. WHERE DID (II in office bldg., INJURY OCCUR?	Boltimore City, give exact location)
21D. TIME (Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR	?
(APPROX)	While At Work At Work		0
22. I certify that (1) (this hospita	I) attended the deceased from	Anima 1965 to	Juneary 22 1967.
that (I) (we) last saw the decease	ed alive an 1/12	1967 and that in(my) (	aur) apinian death accurred an the date
23A SIGNATURE	ted above. (I) (We) (did) (did nat)	view the bady after death.	23B. DATE SIGNED
A. PO.	M.D. A	ttending Med. Stoff	234 5416 35446
23C. PHYSICIAN'S	n Pi	23D. ADDRESS	
NAME (Type)	M.C		
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C		(City, town, or county) (State)
REMOVAL (Specify)			inty Md
Burial 1/26/ 25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
JAN 25 1967	Robert E Farkuns	Adolphus Halstead	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
VS 150-REV. 1/1/65		0767	

Sensoling

1	67 0790 BALTIMORE CITY HEALTH DEPARTMENT 67 0790
K-224	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.
	1. NAME OF DECEASED  (Type or Print)  2. DATE AND HOUR PRONOUNCED DEAD
	William Kindell Wille Kindell 1/21/67 8:15 p. M.  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  A. STATE  B. COUNTY
	BILL NAME OF THE NOT IN HOSPITAL OF INSTITUTION CIVE STREET Maryland
	HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)
	Baltimore  D. STREET ADDRESS (If rurol, give locotion)
	Hopkins Hospital 924 N. Wolfe St.    SEX   6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   16 Under 1 Yr. If Under 24 Hrs.
	S. SEX   6. RACE   7. MARRIED, NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In yeors lost bithdoy)   Months, Doys Hours Min.   M
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State at Tareign country)
	Laborer Auto, Co. Wadestono, N.C. 71, S. A.
	13. FATHER'S NAME
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ao ar unknawn), (If yes, give war or dates af service)  SECURITY NO.  16. SOCIAL SECURITY NO.
100	NO 213-14-3028 Essie Kindell 924 N. Walse St.
	18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) Cerebral injury associated with sub-
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
	ANTECEDENT : CAUSES
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO  RISE TO THE ABOVE CAUSE (A) STATING THE
	UNDERLYING CONDITION LAST.
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	✓ 21A. EXTERNAL CAUSE WAS OUNDERLYING FOR CONTRIB-   Yes   Yes     Yes
	UTING CAUSE OF DEATH. Fullerton Auto and Truck Parts, White
	OF INJURY (APPROX.)  1 19 67 12:00 WHILE AT NOT WHILE TO SET TIONS
	22.
	I certify that I held an Inquiry Inspection Autopsy 2 and that an this basis, death in my apinian resulted fram: Natural causes Accident 2 Suicide Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X
	NAME (Type)
	23A. BURIAL CREMATION, Page 123C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
	Burial 1-26-67 Mt. Calvary Concress Anne Arundel Co. Md.
	JAN 25 1967 Robbes & January Concrete Prince Annual Co. Md.
	VS 151-REV. 1/1/65 N 85 3 2

The carried and a second Lebruse - Pares, Con Wadnestone, 182. W. 2019. Title Kindell Mary Bennere DOWN BOOK BOKIE Kindell 949 M. Waye De Burnish 1-26-27 Mr. Carrary Emergy Pour Brands Co. Mar. The state of the s

13/13

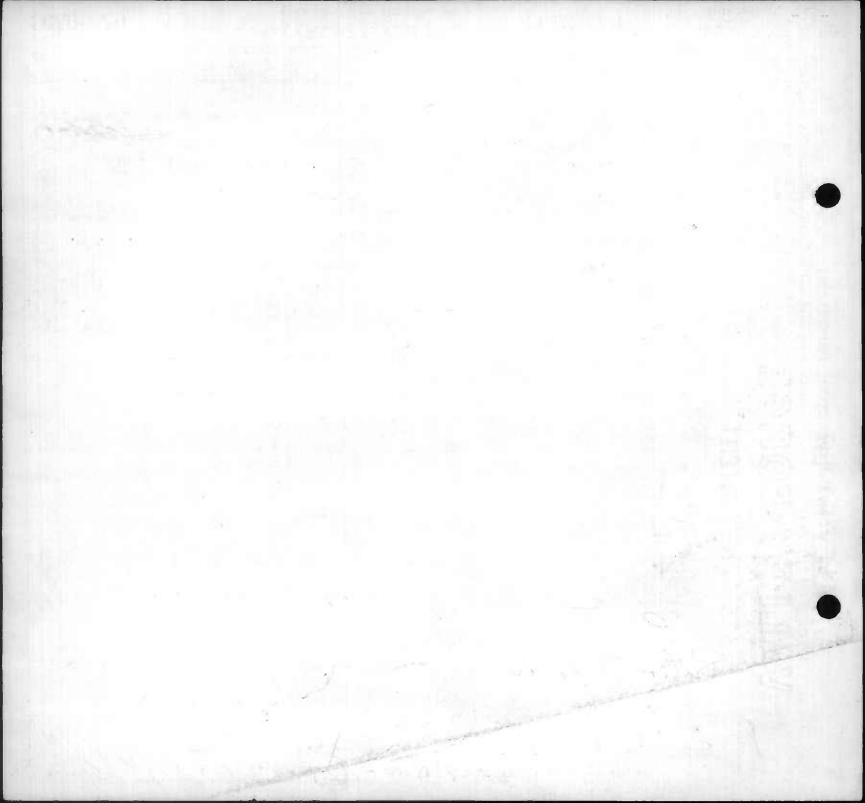
FUNERAL DIRECTOR: IMPORTANT DAL

	BALTIMORE CITY	Y HEALTH DEPARTMENT		67 0791
RTH NO. 67 0791	CERTIFICA	TE OF DEATH	Registered Na.	07 0731
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)			ND HOUR OF DEATH	
Lionel Davis		June	20 1967	4:00 A M
B. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. It insti	tution: residence before admission)
FULL NAME OF (If not in hospital or institute	an augustost	Maryland		
HOSPITAL OR oddress or locotron) INSTITUTION	in, dive suesi		tside city limits, write RU	RAC and give township)
INSTITUTION		Baltimore		8-07
23			rurot, give location)	
The Johns Hopkins	Hospital	1115 North	Kenwood Av	renue
SEX 6. RACE 7. MARRI	ED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., It Under 24 Hrs.
Male Negro Sin	WED, DIVORCED (specify)	3/13/44	lost birthdoyl 22	Months Doys Hours Min.
LUSUAL OCCUPATION (Give kind of work 10B. KIND				12. CITIZEN OF
ne during most of working tife, even if retired)				WHAT COUNTRY?
	LLAVANT	Balto.	Mdi	^
FÄTHERS NAME		14. MOTHER'S MAIDEN NA	ME	
Frederick Davis		Grace Me	evers	1
Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	-1020	ADDRESS
s, no or unknown) (If yes, give wor or dotes of service	e) SECURITY NO.	1 1	*	N In
NO		Mas Grace D	2VIS/115 N.	Kenwood Ave.
18. 3 0 7 X I	CAUSE C	DEATH		ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	die	oxia & he pot	*	2 her - 7 day
(This does not mean the mode of dying, e		inca a apport	euun	1 acc - 1 mg
hearl (ailure, asthenia, etc. It means the disea	150,			
injury or complication which coused death.)	Ma	issure branches	oneumonic	. 2 weeker
ANTECEDENT CAUSES	DUE TO	• • • • • • • • • • • • • • • • • • •		
DISEASES OR CONDITIONS, if any, giv	ing the co Acus	te ranculatitis	and deliver	- 3 welles
UNDERLYING CONDITION last.	(0)	GAR	wens.	
11	2	te pauveatitis		
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING Cagliai a	rent 1/6/67 aute alwhole	. 1 .	,-
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE Chronic	+ acute blevhole	in by hest	
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A DATE OF OPERATION 178 CONDITION FO WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAUS	NDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED		Yes ame	No	TO THE OWNER.
21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	in or about 21C. WHERE DID	(If in Boltimore	City, give exact location)
DEATH (notify medical examiner)	etc.)			
	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Not Whi	te con	D. C.	
(APPROX)	Work Al Work	A		
22. I certify that (I) (this haspital) attende	d the deceased fram	Jul 3	19 6 / ta /	u 20 1967
that (1) (we) last saw the deceased alive a	in fau 20 (	19 67 and th	nat in (my) (gor) opini	an death accurred an the dat
and haur and from the causes stated above	. (1) (%) (did) (did not)			
23A. SIGNATURE				3B, DATE SIGNED
hunter of the		tending Med.	Stoff (	Jan 20, 1967
23C PHYSICIAN'S	Phy		Phy s.	Jan 20, 110/
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
Timothy J. Gardn		THE COMES TO	pkins Hospi	tal
A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	NAME of CEMETERY OF CR	REMATORY 24D. L	OCATION (City,	town, or countyl (Stotel
0 1 1 2 1 1 2 1 1 1	At. Calvanil	PARTONI D.	Luc Danie	101 Pa Md
A. DATE REC'D BY HEALTH DEPT. 258, NAM	AE OF REGISTRAR	25C. FUNERAL DIRECTOI	INE FINUNA	ADDRESS
1011 05 2007 10 9	607750 a.	Que 10108	2.00° 1 A1121	Empire Os
150-REV. 1/1/65	T K TO THE WORLD	1 Gentlebert	CUCK243/	WILLIUED ALT
- 100 No. 17 17 17 00				

the read of high terms -Harrie Gormes parameres the a parameter and there Carpens a sainte stantis de la lacción to be done Sweeting of Hardus Busin's 1-22-57 10 to Cato gory Consecuty House Amundel Co. Mit Element of the difference of the second

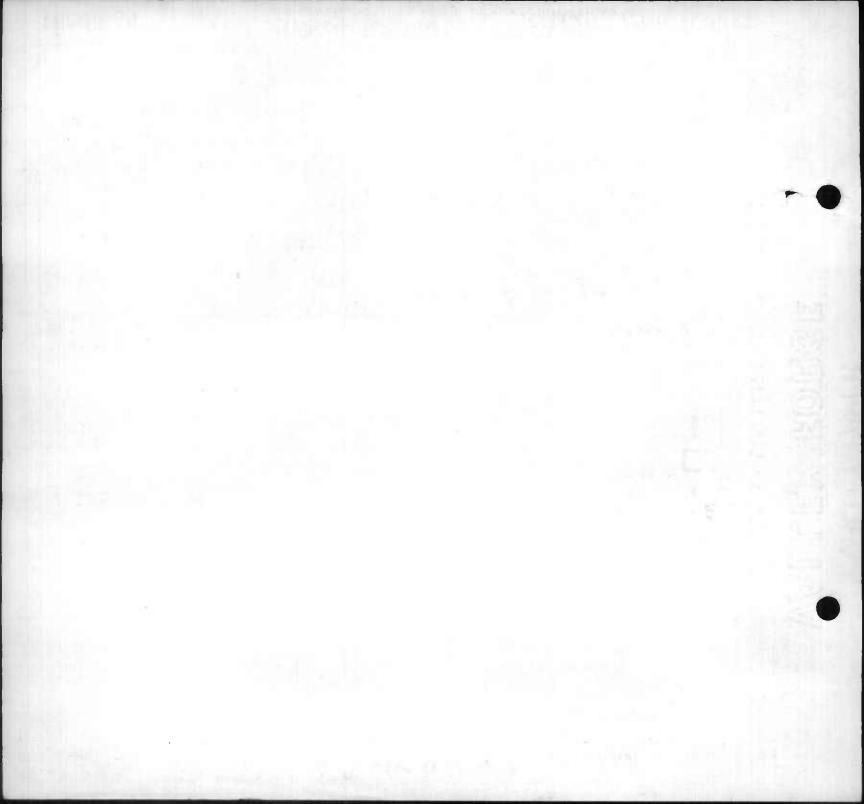
BALTIMORE CITY HEALTH DEPARTMENT

the body was D.O. Beleiner out



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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or conflibiting cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	at a	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
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		A 000 A	BALTIMORE CITY	HEALTH DEPARTMENT		CT OFIOI
-		1 NO. 67 0794	CERTIFICA	TE OF DEATH	Registered Na	67 0731
		CASE NO.		2. DATE AN	D HOUR OF DEATH	20
		e or Print) King Mrs M	Intilda M		24 /67	1 J 20 AM
	3. PI	LACE OF DEATH IN SALTIMORE, MARYLAND	janica in		e deceased lived. If ins	titution: residence before admission)
				1	Count	ζ
-		ULL NAME OF (If not in hospital or instituti OSPITAL OR oddress or location)	on, give street	C. CITY OR TOWN IT OUT		
	11	ISTITUTION		Baltimor		2-04
	1	37			rural, give location)	20-1
	A	on Secours Hospita	().	510 Wa	Hsrto.	Rob.
	5. SI	EX 6. RACE 7, MARR	IED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	1		WED, DIVORCED (specify)	12-16-87	lost birthdoy)	Months Doys Hours Min.
	10A.	USUAL OCCUPATION (Give kind of work 10 B. KIND	of BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF
	done	during mast of working life, even if retired)		a 04 - 0	1 - 1	WHAT COUNTRY?
	12 6	ATHER'S NAME		Baltimore, 1	Marylana	14.3.
	13. 1	ATHERS NAME	V	- 'Nothers made and		
		Rudolph Jommer	werch	Dimline	, Mary	
	15. V (Yes,	Vas Deceased Ever in U. S. Armed Forces? ,no or unknawn) (If yes, give war or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	0	ADDRESS
	11	Known		Charl		
	10.	18. 4-70.4	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
		DISEASE OR CONDITION DIRECTLY	0			7 - 2 -
1		LEADING TO DEATH	(A) V G	relytic ileu	<b>3</b>	Larp
,		(This does not meon the mode of dying, heart failure, osthenio, etc. It meons the dise	050,			
		injury or complication which caused death.)	S	A. post resurt	ion of	2 days
)		ANTECEDENT CAUSES		me	all rites.	
		DISEASES OR CONDITIONS, if any, girrise to the above couse (A) slating				*
2		UNDERLYING CONDITION lost.	APAAGA-0000000	<del></del>		
3	_	II.		= Licensia		Iday
5	ATION	TO THE DEATH BUT NOT RELATED TO	TING THE	exticenna		, 222
D	CA	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	) 20B. IF YES. WERE F	INDINGS CONSIDERED
	RTIFIC	V/22/67 WAS PERFORMED	testival obstimal		IN CERTIFYING CAL	ISES OF DEATH?
2	C	21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(It in Boltimore	City, give exact lacation)
5	AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	Iffice bldg., INJURY OCCUR?		
3	0	21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUP?	
0	MEI	or mook!	While At Not Whi	le 🦳		
3		(APPROX)	Work At Work			
3		22. I certify that (1) (this hospital) attend				
9		that (I) (we) lost saw the deceased alive	on		ot in (my) (our) opir	nion death accurred an the date
n		and haur and fram the couses stated abov	e. (1) (We) (did) (did nat)	view the bady after death.		
		23A. SIGNATURE	15.00	ending Med.	Staff	23B. DATE SIGNED
5		your significant	M.D. Att	/s. Director	Phy s.	
5		23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
2	V	JORGE B. JOAQUINO	M.D.			
2	24A	REMOVAL (Specify) 24B. DATE 24	C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (Cit	y, town, or county) (State)
		Dumi ol 1/27/1067	Lorraine Park	Cemetery Wo	odlawn, Md.	
	25A	DATE REC'D JAN 25 1967 25 NA	ME OF REGISTANT			ADDRESS 1 Zand
		AUIL 69 1901 OF 18	MED EN STONELLE	20m1 70	mer LBor	worth i pa
	VS	150-REV. 1/1/65				



# BALTIMORE CITY HEALTH DEPARTMENT

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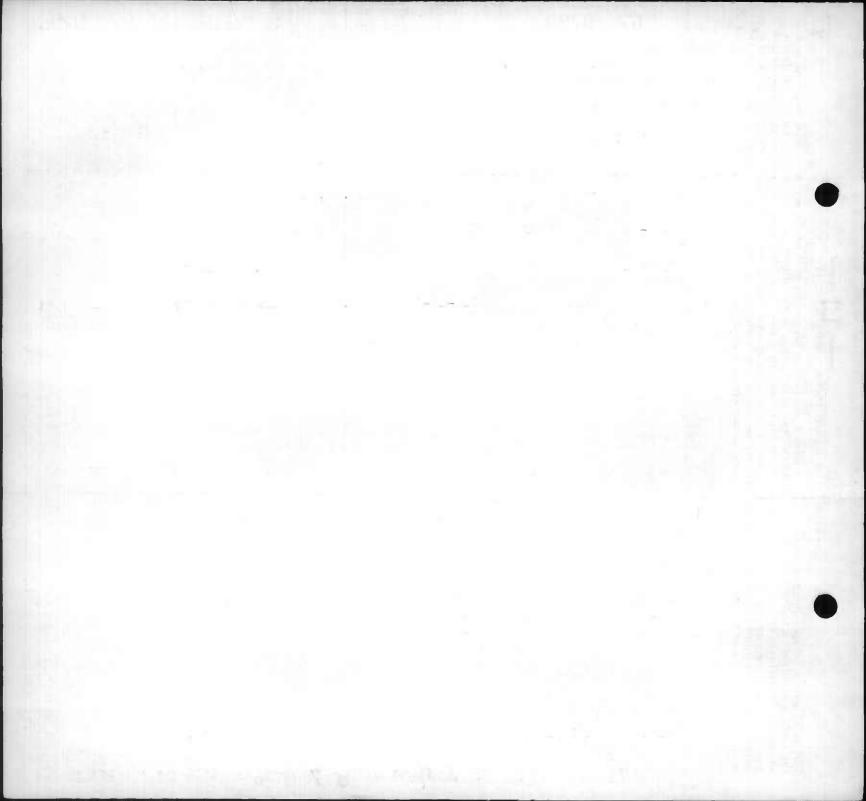
BIRTH NO.	MEDI	CAL EX	AMINER'S CI	RTIFICAT	TE OF DI	EATH Registe	red Na		
M.E. CASE NO.									
1. NAME OF DEC						HOUR PRONOUNCE	ED DEAD		
crype or rinin	THOM	AS T.	WILLIS		January	y 16, 1967		3:30	P. M
3. PLACE IN BALT	MORE, MARYLAND, WI	HERE PRONOL	INCED DEAD	A. STATE	ENCE (Where de	ceosed lived. If insti B. COU WOO	INTY		
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	L OR INSTITUTION)	JTION, GIVE STREET			corporate limits, write		d give townsh	hip)
Ship	S.S. MARORE	(at se	a)	D. STREET ADDI	nnsboro RESS (If rorol, gi	ve location)	V	70	
				Rt	5171Mitch	mell Street	t		
Male	6. RACE White		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTI		9. AGE (In years lost birthdoy)	If Under Months I	Yr. If Unde Doys   Hours	Min.
OA. USUAL OCCU		TOR KIND OF	BUSINESS OR INDUSTRY	March 15		country)	12. CITIZE WHAT	N OF COUNTRY?	- 1
Merchant	seaman			14. MOTHER'S M	Texa	IS		5.A.	
3. FATHER'S NAM	E			14. MOTHER'S M	AIDEN NAME				
	J.B. Willis	5		Isahe	elle Maie	r			
5. WAS DECEASE	O EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	1,100,4,0		ADDRESS		
res, no or unknown	(ii yes, give wor or dole	s of service	SECORITI NO.	Mrs. Mar	ia Willi	s sam	ne as a	above	
18.	571		CAUSE	OF DEATH				INTERVAL BE	
OTHER SIGN TO THE	E ABOVE CAUSE (A) ST IG CONDITION LAST.  II  WIFICANT CONDITIONS DEATH BUT NOT REL	CONTRIBUTIN							•••••
DISEASE OF	OPERATION 19B, CON WAS PERI	DITION FOR	WHICH OPERATION	20A. AUTOPSY		B. IF YES, WERE FIN			
. 00	CALLSE WAS	018	DI ACE OF INITION (	Yes	HERE DID (II	Yes		-4"-14"	
21A, EXTERNAL UNDERLYING D UTING CAU	CAUSE WAS OR CONTRIB-	home	PLACE OF INJURY (e.g., form, foctory, street, o	ffice bldg., INJURY	OCCUR?	in Politimore City, go	ve exoct loc	cotion)	
UTING CAU		etc.)	ship		orepeak I	lower store	e V	70	
OF INJURY (APPROX.)	1-16-67	2 V	VHILE AT X NOT W			ed, strikin	ng sub	ject	
22.	ify that I held an I	auiry 🗆	Inspection Aut	apsy X and	d shas an shia	basis, death in m	aninian		
resul	ted fram: Natural cau	Jses A	Suicident X Suicide			determined manne	er		
ACTUAL		g J.'	In the M.D.	ASSISTANT M	EDICAL EXA	-		DATE SIG	GNED
EXAMIN NAME (1	ER'S	s S. Spi	ringate, M.D.	ASSOCIATE M	EDICAL EXA		Januar	cy 20,	1967
REMOVAL (Specify		23	C. NAME of CEMETERY o	CREMATORY	23 D. LOC	CATION (City,	town, or co	ounty) (	(Stote)
Ramova.	1/21/6	7 24B. NAME	Lee Of REGISTRAR	24C. FUNER	AL DIRECTOR	od Co. Tex	as A	DDRESS	
•	IAN 25 1967	Rest	E. Jarbuna	Willia		kner + Som	/ nort	h + Pen	na C
VS 151-REV. 1/1/	55 N805	+2	9700	0 7	0: 5				

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# FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

		0000 0000		BALTIMORE CITY	HEALTH DEPARTMENT	250	CPY OPIOG
	TH NO.	67 0796		CERTIFICA	TE OF DEATH	Registered No.	67 0796
	L CASE NO.	CEASED				ND HOUR OF DEATH	
	oe or Print)	Charles	H.	Keefer		uary 22, 19	
3.	PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Wh	ere deceosed lived. If i	nstitution: residence before admission)
.		"			A. STATE 8. COU	NIT	
	FULL NAME HOSPITAL OF			give street	Maryland	utside city limits write	RURAL and give township)
'	NOITUTITZN	-() -( -			Baltimore	orange only mining, white	22-18
	00	5457 Jonquil	Avenue			rurol, give location)	0 1 - 10
	00				5457 Jonqui	l Avenue	
5. 9	EX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
N	Tale	Whi te		rried (specify)	Aug. 8, 1875	fost birthdoy)	Monms Doys Hours Min.
					11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
don	e during most of letired	of working life, even if retired) - Contract Ha	uling S	elf mployed	Virginia		WHAT COUNTRY!
	FATHER'S NA			mproyed	14. MOTHER'S MAIDEN NA	ME	
	Mi al	hael			1/1	77.0	
15				1 6. SOCIAL	Mary V	• Hinks	ADDRESS
11		ed Ever in U. S. Armed For wn) (If yes, give wor or dote	es of service)	SECURITY NO.			
I I	10	None		218-16-2496		Cormick 807	Cathedral Street
	18. 4	20,017-20	SOX	CAUSE O	F DEATH	,	INTERVAL BETWEEN ONSET AND DEATH
1	DISE	ASE OR CONDITION DIE LEADING TO DEATH	RECTLY		+ . P/ 7	4-16. T	- 10.
	(This does	nal meon the mode of	dying, e.g.,	DUE TO	leno occur	u Henry	1092
	heort foilure	e, osthenio, etc. It meons omplication which caused	the disease,		- Disea	re y	
	injury or ex	ANTECEDENT CAUSES		(8)	Disbete pre	Wite	Syrs
	DISEASES	OR CONDITIONS, if		DUE TO "	1 0 51	7	- 11
	rise to	the above cause (A)		(C) /	rebal In	sonbare	- 6 months
	UNDERLYII	NG CONDITION lost.			Recur	unt.	,
z	OTHER SIG	NIFICANT CONDITIONS C	ONTRIBITING	2	1 1 -4	00	
112	TO THE	DEATH BUT NOT RELA	ATED TO TH	E Jenem	hand aslenoi	Selizze	7
CERTIFICATION		OF OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
RTIF	0	WAS PER	FORMED	1		IN CERTIFYING CA	AUSES OF DEATH?
11	21A. ACCID	ENT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	n or about 21 C. WHERE DID	(If in Bottimo	re City, give exact location!
CAL		ify medical examiner)	etc.		mice bidgi, 11430ki OCCOk:		
EDIC	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
2	(APPROX.)		Wh	ite At Not While	е		
	22	fy that (1) (this hospital			hele 16:	19 66) to In	22 10/2
		, , , , ,		(1)	- Contraction of the contraction		inion death occurred on the date
	1				•		inion deoth occurred on the dote
	23A. SIGNA		rea abave, (I	)/(==) (did) (d <del>id no</del> i) v	riew the bady ofter death.	•	23B. DATE SIGNED
	2	1001	/	M.D. AH	ending Med.	Stoff	1/54/17
	23C. PHYSIC	1 of - Wham	very	Phy	s. Director	Phy s.	1/21/6/
	NAME	(Type)/ / AP	1.		14108-11	+ RET /	2# 5-1
24	EC	TI L. Ch	dm De	M.D.	TIOO July	erly/19 (/c	mus : / Try
24/	REMOVAL	(Specify)		AME of CEMETERY of CRI			City, lown, or county) (State)
	Buria	-7-27-		Green Mount Ce		Baltimore, M	aryland
25/	. DATE REC	D BY HEALTH DEPT.	258. NAME C	OF REGISTRAR	25C. FUNERAL DIRECTO	P 0	na ADDRESS moss.
		JAN 25 1967	PO Fr	& Farleyma	o hope to lost	ance & Sor	w worth LPa.
VS	150-REV. 1/		A COCO		O P	4	



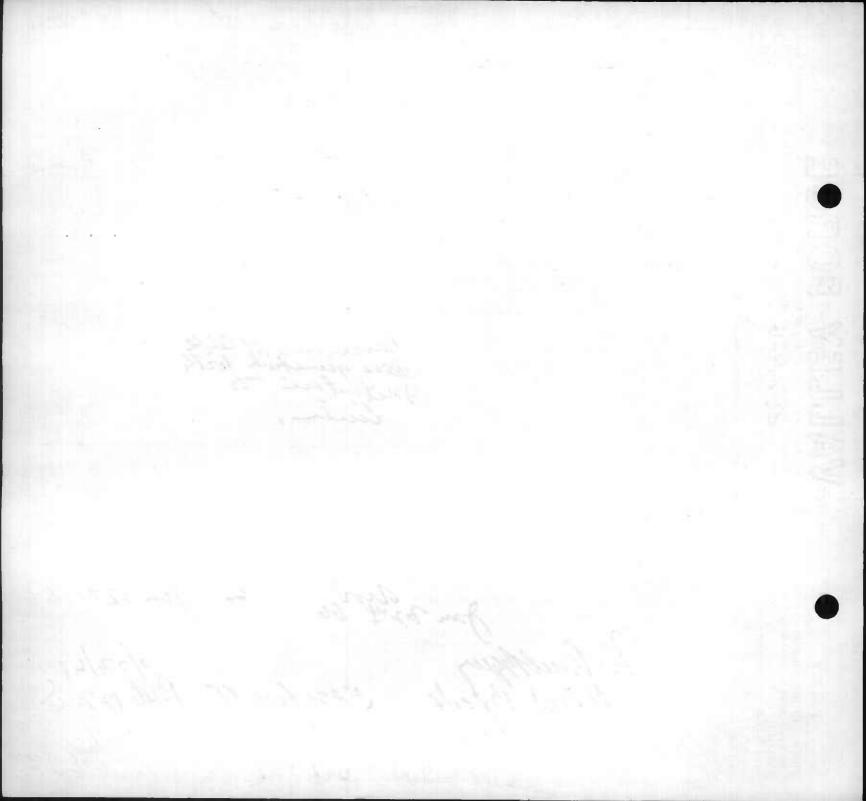
	Julia	Sevier		nd hour of dear u ary 22, 1	_
PLACE OF DE	ATH IN BALTIMORE, MA			ere deceased lived. I	f institution; residence before admiss
FULL NAME	OF (If not in hospital	or institution, give street	Maryland		
HOSPITAL OR	oddress or locotion	n)		utside city limits, wri	te RURAL and give township)
0 0	Long Green Nur	sing Home	Baltimore D. STREET ADDRESS (IF	rurol, give location)	21-36
90			1853 East	Northern	Parkway 12
S EX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months: Doys Hours Mi
Female	White	WIDOWED, DIVORCED (specify) Wildowed	Jan. 9, 1882	85	
	UPATION (Give kind of work working lile, even if retired)	108. KIND OF BUSINESS OR INDUSTR		eign country)	12. CITIZEN OF WHAT COUNTRY?
House			Germany		U. S. A.
FATHER'S NA	ME		14. MOTHER'S MAIDEN NA	ME	
Micha	el Broklo	ff	Mary	?	
Wos Decease	d Ever in U. S. Armed For	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	None		Mrs. Wilson Aus	stin 1867	Northern Parkway
1B. / 5	** / I	CAUSE	OF DEATH	2001	INTERVAL BETWEEN ONSET AND DEATH
rise to II	OR CONDITIONS, if the obove couse (A) IG CONDITION IOSI.  III IIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	sioting The (C)	amer,		
OTHER SIGN TO THE	he obove couse (A) IG CONDITION Iosi.  II  WIFICANT CONDITIONS (CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING	CONTRIBUTING ATED TO THE IT. HOLTON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	IO) 208. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER SIGN TO THE DISEASE OF 19A. DATE OF 19A. ACCID OR CONTRIE	NIFICANT CONDITION S (A)  NIFICANT CONDITIONS (DEATH BUT NOT REL.  R CONDITION CAUSING OF OPERATION [198. CON	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED    218. PLACE OF INJURY (e.g.	20A. AUTOPSY? (Yes or N., in or obout 21C. WHERE DID office bldg., INJURY OCCUR?		RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exact location)
OTHER SIGN TO THE DISEASE OF CONTRIED OR CONTRIED EATH (notice)	THE OBOVE COUSE (A) IG CONDITION IOSI.  II WIFICANT CONDITIONS (DEATH BUT NOT RELATE CONDITION CAUSING OF OPERATION 198. CONWAS PER ENT WAS UNDERLYING SUTTING CAUSE OF	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltin	
OTHER SIGN TO THE DISEASE OF 19A-DATE OF CONTRIES OF C	NIFICANT CONDITIONS ( DEATH BUT NOT RELATED  FOPERATION 198. CONDITIONS ( DEATH BUT NOT RELATED  FOPERATION 198. CONDITIONS ( WAS PER  ENT WAS UNDERLYING ( Tymedicol exominer)	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltin	
OTHER SIGN TO THE DISEASE OF CONTRIES OF C	NIFICANT CONDITIONS ( DEATH BUT NOT REL  OF OPERATION 19B. CON  OF OPERATION 19B. CON  WAS PER  ENT WAS UNDERLYING  BUTING CAUSE OF  Ity medical examine)  (Month) (Doy) (Year)	CONTRIBUTING ATED TO THE IT. HOITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED While At Not William (Company)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltin	
other sight of the control of the co	NIFICANT CONDITIONS ( DEATH BUT NOT REL  OF OPERATION 19B. CON  OF OPERATION 19B. CON  WAS PER  ENT WAS UNDERLYING  BUTING CAUSE OF  Ity medical examine)  (Month) (Doy) (Year)	CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not Willow Work  Not	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID IN	JURY OCCUR?	More City, give exoct locotion)
or ther sign to the sign to th	The obove couse (A) IG CONDITION Iosi.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not Willow Work  Not	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID IN	JURY OCCUR?	more City, give exact location)
or ther sign to the sign to th	The obove couse (A) IG CONDITION Iosi.  II WIFICANT CONDITIONS (DEATH BUT NOT RELL R CONDITION CAUSING OF OPERATION 198. CON WAS PER  ENT WAS UNDERLYING WITHING CAUSE OF (y medicol exominer)  (Month) (Doy) (Year)  y that (I) (this haspita b) last saw the decease and from the causes stand	CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not W. Not W. Nork  Work  At Woork  At Woork  At Woork  At Woork  M.D. A	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID IN	JURY OCCUR?	More City, give exact location)

25C. FUNERAL DIRECTOR

Re. 62.

VS 150-REV. 1/1965 N 2 5 1967

Gallune.



DEATH	Registered	No. D	1	1	L

M.E. CASE NO.	/		2	2. DATE AND HOUR PRONOU!	NCED DEAD	
(Type or Print)	Lee Smi	th		1/22/		0:05 a. M.
3. PLACE IN BALTIMORE, MA	RYLAND, WHERE PRONOUNCE	D DEAD	A. STATE	NCE(Where deceosed lived. If i B. C W York	institution: residence COUNTY	e before odmission)
FULL NAME OF (IF NOT HOSPITAL OR ADDRE	IN HOSPITAL OR INSTITUTION SS OR LOCATION)	I, GIVE STREET		New York City	write RURAL ond gi	ve township)
38			D. STREET ADDRE	SS (If rurol, give location)		
University  5. SEX   6. RACE		ED AAADDIED	B. DATE OF BIRTH	Sheridan Squar		16 11 . 1 . 24 11
male white		RCED(specify)	2- 7 1905	lost birthdoys	Months Doy	
done during most of working life, e	ve kind of work 10B, KIND OF BUS ven if retired)	INESS OR INDUSTRY	Greensbo	ro N. Carolina	12. CITIZEN C	
13. FATHER'S NAME			14. MOTHER'S MAI	DEN NAME		
Leander 15. WAS DECEASED EVER IN		OCIAL	Maude .	May	ADDRESS	
(Yes, no or unknown) (If yes, give	e wor or dotes of service)	ECURITY NO.	Mrs. Mar	y M. Smith 10 Sh	neridan Sq	uare
	IDITION DIRECTLY				ON	SET AND DEATH
LEADING  (This does not men of heort foilure, ostenio, e injury or complication w  ANTECEDEN  DISEASES OR CONDI RISE TO THE ABOVE C UNDERLYING CONDI	IT CAUSES TIONS, IF ANY, GIVING AUSE (A) STATING THE TION LAST.	Dille To	osclerotic vascular d	and hypertensivisease		
LEADING (This does not meon of heort foilure, osthenio, e injury or complication w  ANTECEDEN  DISEASES OR CONDI RISE TO THE ABOVE C UNDERLYING CONDI	TO DEATH  the mode of dying, e.g.,  tc., It meons the disease,  hich coused death.)  IT CAUSES  TIONS, IF ANY, GIVING AUSE (A) STATING THE  TION LAST.  II  ONDITIONS CONTRIBUTING  IT NOT RELATED TO THE	(B) DUE TO (C)	vascular d	isease	ve cardi0-	
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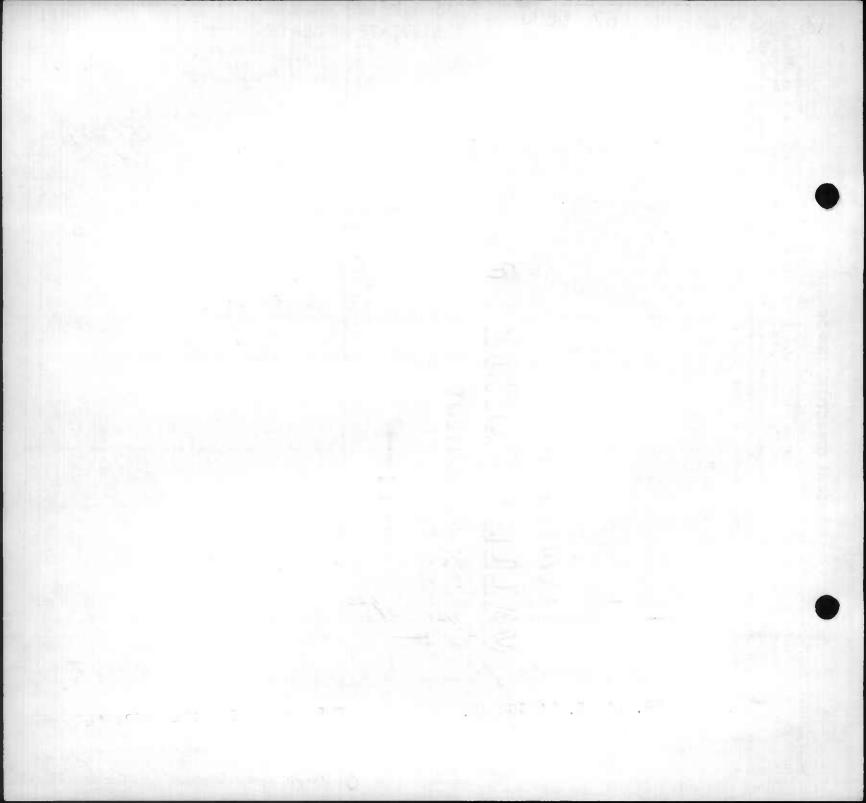
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3. P	PLACE OF DEATH	H IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE A. STATE B.	(Where deceased lived.	Il institution: res	sidence before od
		Of makin benefal			MANUI	AND		
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	A. Committee	//	D	$\mathcal{D}_{i}$	12H2716	WORL	15.	12
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	FATHER'S NAME				14. MOTHER'S MAIDE	N NAME	0.	U. A.
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15 V		ver in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT	11010		ADDRESS
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	bessie C,	Birch	Jnn.	21,196	7 19:45 A
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	ie deceased lived. If	institution: residence before admi
F	FULL NAME OF (If not in hospital as institution	n, give street	md		
H	MOSPITAL OR oddiess or location) NSTITUTION		C. CITY OR TOWN (If out	tside city lippits, write	RURAL and size township
1	Warney 1	1/201/	Galtimore		21-09
7	Union Memorial	HUS01141	D. STREET ADDRESS	ruiol, give location)	01
			43/3 ///QVI	blehall	Ra.
5. 5	Woolin	ED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours N
1-0	emale Caucasian VII	arried	4/15/86	80	
	LUSUAL OCCUPATION (Give kind of work 108, KIND educing most of working life, even if retired)	OF BUSINESS OR INDUS	TRY 11. SIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	None /	lone	Med.		U.S.A
13. (	FATHER'S NAME		14. MOTHER'S MAIDEN NA		(1
	Charles Hare	3	Frances	Love	11
15. V	Was Deceased Ever in U. S. Armed Forces? s, no or unknown)(Iff yes, give war or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	11 1	ADDRESS
	7 55, 5.10 101 51 55110	JECORIII NO.	Mrs HI	Ibert	
	1B. 420111	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		1 1	170	ONSET AND DEAT
	LEADING TO DEATH		to Manage	al Infor	nton
- 1	TENDING TO BENTH	(A) C//	://K9 / #(OLOCCISTI)/	// ///////////////////////////////////	
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	I		ici e ingocarate	er Lafar.	
	(This does not mean the mode of dying, e. heart foilure, osthenia, etc. It means the diseos	se,	ale Magacaratic		
	(This does not mean the mode of dying, e, heart foiluse, osthenia, etc. It means the diseos injury ar complication which coused deoth.)	(B) DUE TO	:UIS THIGOCATALIC	C.L. Seffer P.S.	
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	(This does not mean the mode of dying, e, heart foiluse, osthenia, etc. It means the diseosinjury ar complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving	(B)	/		
NO	(This does not mean the mode of dying, e. heart foiluse, osthenia, etc. It means the diseosinjury ar complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving tise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	(B) DUE TO ng he (C)	/		
ATION	(This does not mean the mode of dying, e. heart foiluse, osthenia, etc. It means the diseosinjury ar complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving the couse (A) stoling the UNDERLYING CONDITION lost.	(B) DUE TO ng he (C)	/		
ATIO	(This does not mean the mode of dying, e. heart foiluse, osthenia, etc. It means the diseosinjusy ar complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving the control of the couse (A) stating the couse (B) stating the couper course (B) stating the couper couper course (B) stating the couper	(B) DUE TO ng he (C)		o) 20B. IF YES, WERE	E FINDINGS CONSIDERED
ERTIFICATIO	This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disease injury ar complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stoling it underlying Condition lost.  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION FOWAS PERFORMED	ING THE	20 A. AUTOPSY? (Yes or No	o) 20B. IF YES, WERE	
L CERTIFICATIO	This does not mean the mode of dying, e. heart foilure, osthenia, etc. It means the diseosinjury ar complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving tise to the obove couse (A) stoling the underlying condition lost.  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	ING THE  TING THE  TING THE  TING THE  TO  THE  THE  THE  THE  THE  THE		20B. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED
CAL CERTIFICATIO	This does not mean the mode of dying, e. heart foilure, osthenia, etc. It means the diseosinjury ar complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving tise to the obove couse (A) stoling the underlying condition lost.  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 22A. ACCIDENT WAS UNDERLYING 21A. ACCIDENT WAS UNDERLYIN	ING THE  R WHICH OPERATION  21 B, PLACE OF INJURY (e.	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
DICAL CERTIFICATIO	This does not mean the mode of dying, e. heart foiluse, osthenia, etc. It means the diseosinity ar complication which coused deoth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving the lightest of the obove couse (A) stoling the UNDERLYING CONDITION to the UNDERLYING CONDITION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21D. TIME (Month) (Doyl (Year) (Hour) 2	ING THE  TR WHICH OPERATION  21B. PLACE OF INJURY (e. nome, form, foctory, street, etc.)	20 A. AUTOPSY? (Yes or No g., in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
DICAL CERTIFICATIO	This does not mean the mode of dying, e. heart foiluse, osthenia, etc. It means the diseosinjury ar complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving the lotter of the obove couse (A) stating the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A-DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 10 CAUSE OF DEATH (notify medical examinet)  21D. TIME (Month) (Doyl (Year) (Hour) 20 OF INJURY (APROXY)	ING THE  R WHICH OPERATION  21B, PLACE OF INJURY (e. nome, form, foctory, street, etc.)	g., in or obout 21d. WHERE DID INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATIO	This does not mean the mode of dying, e, heart foiluse, osthenia, etc. It means the diseosinjusy ar complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving the lotter of the obove couse (A) stating the UNDERLYING CONDITION lost.  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A.ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21D.TIME (Month) (Doyl (Year) (Hour) 20 OF INJURY (APPROX.)	ING THE  R WHICH OPERATION  21 B. PLACE OF INJURY (e., nome, form, foctory, street, etc.)  21 E. INJURY OCCURRED  While At Not V  Work	g., in or about 21C. WHERE DID, office bldg., 21F. HOW DID INJ	20B. IF YES, WERE IN CERTIFYING C (If in Boltime	E FINDINGS CONSIDERED AUSES OF DEATH?  Ore City, give exact location)
MEDICAL CERTIFICATIO	This does not mean the mode of dying, e. heart foiluse, osthenia, etc. It means the diseosinity ar complication which coused deoth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving the lightest of the obove couse (A) stoling the UNDERLYING CONDITION to the UNDERLYING CONDITION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21D. TIME (Month) (Doyl (Year) (Hour) 20 (APPROX.)	ING THE  R WHICH OPERATION  21B. PLACE OF INJURY (e. nome, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At	g., in or obout 2TC. WHERE DID, office bldg., INJURY OCCUR?	O) 20B. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?  Ore City, give exact location)
MEDICAL CERTIFICATIO	This does not mean the mode of dying, e. heart foiluse, osthenia, etc. It means the diseosiniusy ar complication which coused deoth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving the control of the obove couse (A) stoling the UNDERLYING CONDITION lost.  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21D. TIME (Month) (Doyl (Year) (Hour) COFINJURY (APPROX.)	ING THE  R WHICH OPERATION  21 B. PLACE OF INJURY (e. nome, form, foctory, street, etc.)  21 E. INJURY OCCURRED  While At	g., in or about 21°C. WHERE DID g. office bldg., INJURY OCCUR?  21F. HOW DID INJ  Vhile  1/26  19 67 and th	O) 20B. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?  Ore City, give exact location)
MEDICAL CERTIFICATIO	This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disease injury ar complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving the control of the above cause (A) stating it underlying CONDITION lost.  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A.ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21D.TIME (Month) (Dayl (Year) (Hour) 20 INJURY (APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) as a we the deceased alive an and haur and fram the causes stated above.	ING THE  R WHICH OPERATION  21 B. PLACE OF INJURY (e. nome, form, foctory, street, etc.)  21 E. INJURY OCCURRED  While At	g., in or about 21°C. WHERE DID g. office bldg., INJURY OCCUR?  21F. HOW DID INJ  Vhile  1/26  19 67 and th	O) 20B. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exoct location)
MEDICAL CERTIFICATIO	This does not mean the mode of dying, e. heart foiluse, osthenia, etc. It means the diseosiniusy ar complication which coused deoth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving the control of the obove couse (A) stoling the UNDERLYING CONDITION lost.  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21D. TIME (Month) (Doyl (Year) (Hour) COFINJURY (APPROX.)	DUE TO  DUE TO  DUE TO  TING THE  R WHICH OPERATION  RIB. PLACE OF INJURY (e. nome, form, foctory, street, etc.)  PLE. INJURY OCCURRED  While At Not V Work  d the deceased fram  (1) (We) (did) (did not)  M.D.	20A. AUTOPSY? (Yes or No. g., in or about 21G. WHERE DID, office bldg., INJURY OCCUR?  21F. HOW DID INJ  While ork  12G. and the property of the death.  Attending Med.	OF THE STATE OF TH	E FINDINGS CONSIDERED AUSES OF DEATH?  Ore City, give exact location)
MEDICAL CERTIFICATIO	This does not mean the mode of dying, e. heart foiluse, osthenia, etc. It means the diseosinity ar complication which coused deoth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving the local property of the obove couse (A) stoling the UNDERLYING CONDITION lost.  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21D. TIME (Month) (Doyl (Year) (Hour) 20 OF INJURY (APPROX.)  22. I certify that (1) (this hospital) attended that (I) (we) last saw the deceased alive and haur and fram the causes stated above.  23A. SIGNATURE	DUE TO  DUE TO  DUE TO  TING THE  R WHICH OPERATION  RIB. PLACE OF INJURY (e. nome, form, foctory, street, etc.)  PLE. INJURY OCCURRED  While At Not V Work  d the deceased fram  (1) (We) (did) (did not)  M.D.	20A. AUTOPSY? (Yes or No. g., in or obout 2TC. WHERE DID, office bldg., INJURY OCCUR?  21F. HOW DID INJ  While	URY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exoct location)
MEDICAL CERTIFICATIO	This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disease injury ar complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving the conditions of the condition of the co	ING THE  ING THE  IR WHICH OPERATION  21 B. PLACE OF INJURY (e., nome, form, foctory, street, etc.)  21 E. INJURY OCCURRED  While At	20 A. AUTOPSY? (Yes or No. p., in or obout 21 d. WHERE DID, office bldg., INJURY OCCUR?  21 F. HOW DID INJ  While ork  19 and the ork  Note the bady after death.  Attending Med. Director 12 Director 13 Director 14 Director 14 Director 14 Director 14 Director 15 Director	OF THE STATE OF TH	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exoct location)
MEDICAL CERTIFICATIO	This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disease injury ar complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving the line obove cause (A) stoling It UNDERLYING CONDITION lost.  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUTE NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21D. TIME (Month) (Dayl (Year) (Hour) 2 OF INJURY (APPROX.)  22. I certify that (H) (this hospital) attended that (I) (we) last saw the deceased alive and haur and fram the causes stated abave.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  DR. NAT E. WATSON	ING THE  R WHICH OPERATION  21 B. PLACE OF INJURY (e. nome, form, foctory, street etc.)  21 E. INJURY OCCURRED  While At	20A. AUTOPSY? (Yes or No. g., in or obout 21C. WHERE DID NJ. office bldg., INJURY OCCUR?  21F. HOW DID INJ. Only or or one of the cork.  21F. How DID INJ. Only or or one of the cork.  Attending Med. Director Director THE LINLON.	20B. IF YES, WERE IN CERTIFYING C  (If in Boltimo  URY OCCUR?  19 2 ta	E FINDINGS CONSIDERED AUSES OF DEATH?  Ore City, give exact location)  19 Epinlan death occurred an the
MEDICAL CERTIFICATIO	This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disease injury ar complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving the line obove cause (A) stoling It UNDERLYING CONDITION lost.  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUTE NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21D. TIME (Month) (Dayl (Year) (Hour) 2 OF INJURY (APPROX.)  22. I certify that (H) (this hospital) attended that (I) (we) last saw the deceased alive and haur and fram the causes stated abave.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  DR. NAT E. WATSON	ING THE  IR WHICH OPERATION  21 B. PLACE OF INJURY (e. nome, form, foctory, street etc.)  21 E. INJURY OCCURRED  While At	20A. AUTOPSY? (Yes or No. g., in or obout 21C. WHERE DID NJ. office bldg., INJURY OCCUR?  21F. HOW DID INJ. Only or or one of the cork.  21F. How DID INJ. Only or or one of the cork.  Attending Med. Director Director THE LINLON.	20B. IF YES, WERE IN CERTIFYING C  (If in Boltimo  URY OCCUR?  19 2 ta	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exoct location)
MEDICAL CERTIFICATIO	(This does not mean the mode of dying, e. heart foiluse, osthenia, etc. It means the diseosinium are complication which coused deoth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving the line obove couse (A) stoling to the obove couse (A	ING THE  ING THE  IR WHICH OPERATION  ING THE  IR WHICH OPERATION  IND THE  IND THE	20A. AUTOPSY? (Yes or No. g., in or obout 21C. WHERE DID NJ. office bldg., INJURY OCCUR?  21F. HOW DID INJ. Only or or one of the cork.  21F. How DID INJ. Only or or one of the cork.  Attending Med. Director Director THE LINLON.	20B. IF YES, WERE IN CERTIFYING C  (If in Boltimo  URY OCCUR?  19 2 ta	E FINDINGS CONSIDERED AUSES OF DEATH?  Ore City, give exact location)  19 Epinlan death occurred an the
MEDICAL CERTIFICATIO	(This does not mean the mode of dying, e. heart foiluse, osthenia, etc. It means the diseosinity of complication which coused deoth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving the line obove couse (A) stoling to the obove couse (A)	ING THE  IN WHICH OPERATION  21 B. PLACE OF INJURY (e., nome, form, foctory, street, etc.)  21 E. INJURY OCCURRED  While At	20A. AUTOPSY? (Yes or No. p., in or about 21C. WHERE DID INJURY OCCUR?  21F. HOW DID INJ  While ork  19 and the view the bady after death.  Attending Med. Director  23D. ADDRESS  D. CREMATORY	20B. IF YES, WERE IN CERTIFYING C  (If in Boltimo  URY OCCUR?  19 2 ta	E FINDINGS CONSIDERED AUSES OF DEATH?  Ore City, give exact location)  19 Epinlan death occurred an the



attendance on the

a hospital and

Such

to death.

prior

was in regular

death

physician who pronounced

the

was D.O.A. at a hospital (except where

deceased prior to death); and (6) No physician was in regular attendance on the deceased pr written approval must be obtained before the remains are embalmed or final disposition is made.

OM	000
67	080

Registered	Na	67	0801

	67 0801 BALTIMORE CITY	THEALTH DEPARTMENT	67 0801
	th NO. E. CASE NO.	TE OF DEATH Registered No.	01 0002
1.1	NAME OF DECEASED  Pe or Print) Edward UPTON	2. DATE AND HOUR OF DEATH  JAN 20 67	5 40 p m
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institu	tion; residence before admission)
Ш	FULL NAME DF (If not in hospital or institution, give street oddress or lacotion) INSTITUTION  UNIVERSITY HOSPITAL	MARYLAND  C. CITY OR TOWN (If outside city limits, write RUR)  BALTIM ORE	AL and give township
	38	D. STREET ADDRESS (If rural, give location) 818 WAShington BL	WD W
S.	M CAUC. WIDOWED, DIVORCED (specify)	2-25-01 65	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY the during most of working life, even if retired)	11. BIRTHPLA CE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
	RETTRES Construction Worker	MARYLAND	USA
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	3/1
	WILLIAM UPTON	Amelia Schunk	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT	ADDRESS
	No None	NANCY FONTZ	SIME
	18. 2 0 CAUSE O	F DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	1 1 +	ONSET AND DEATH
	LEADING TO DEATH	ardiac arrest	30 minutes
	(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury at complication which caused death.)	1 -1 1. 0.	
	ANTECEDENT CAUSES  (B) STATE  DUE TO /	arction of myocardium	16 days
	DISEASES OR CONDITIONS, if ony, giving use to the obove couse (A) stating the UNDERLYING CONDITION last.	75CVD	Unknown
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Perforated DISEASE OR CONDITION CAUSING IT.	Kentveular Septum	
CERTIFIC	199. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES	DINGS CONSIDERED S OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID (If in Baltimore City of Country of Coun	ty, give exact location)
MEDI	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED While At Not While At Work At Work	21F. HOW DID INJURY OCCUR?	
	22. I certify that (I) (this hospital) attended the deceased fram	January 14 1967 to Jan	wary 20 19 67
		20 19 67 and that in(my) (aur) opinion	n death accurred an the date
	and haur and fram the causes stated abave. (If (We))(did) (did nat) v		
			B. DATE SIGNED
	Limite Denney Gray M.D. Att	ending Med. Stoff	-20-61

24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify) Burial 1/2L 1/24 Cemetery Western 25A. DATE REC'D BY HEALTH DEPT.

Balti ore, 25C. FUNERAL DIRECTOR

VERS

24D. LOCATION

23D. ADDRESS

Maryhand

THE

(City, town, or county)

VS 150-REV. 1/1/65

23C. PHYSICIAN'S NAME (Type)

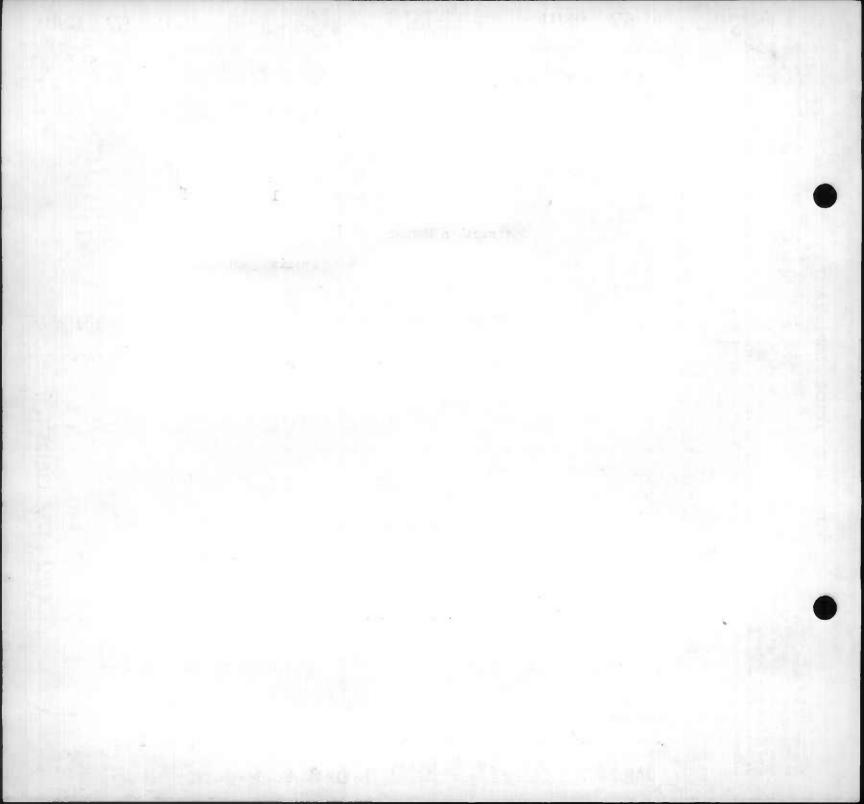
6

25B. NAME OF REGISTRAR 1067

M.D.

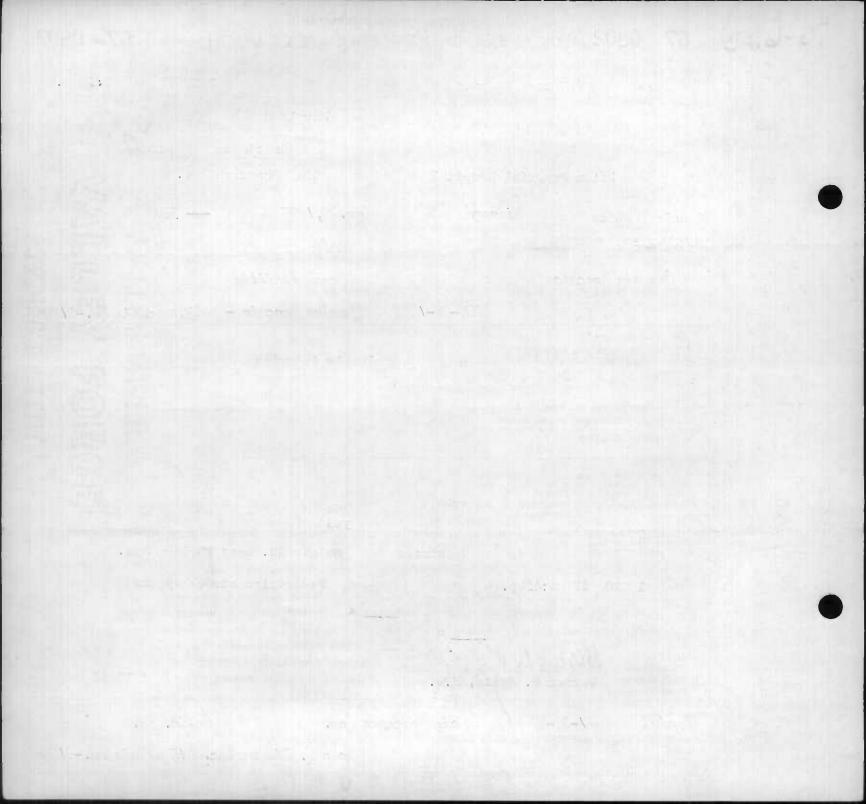
Bulli wel.

(Stote)



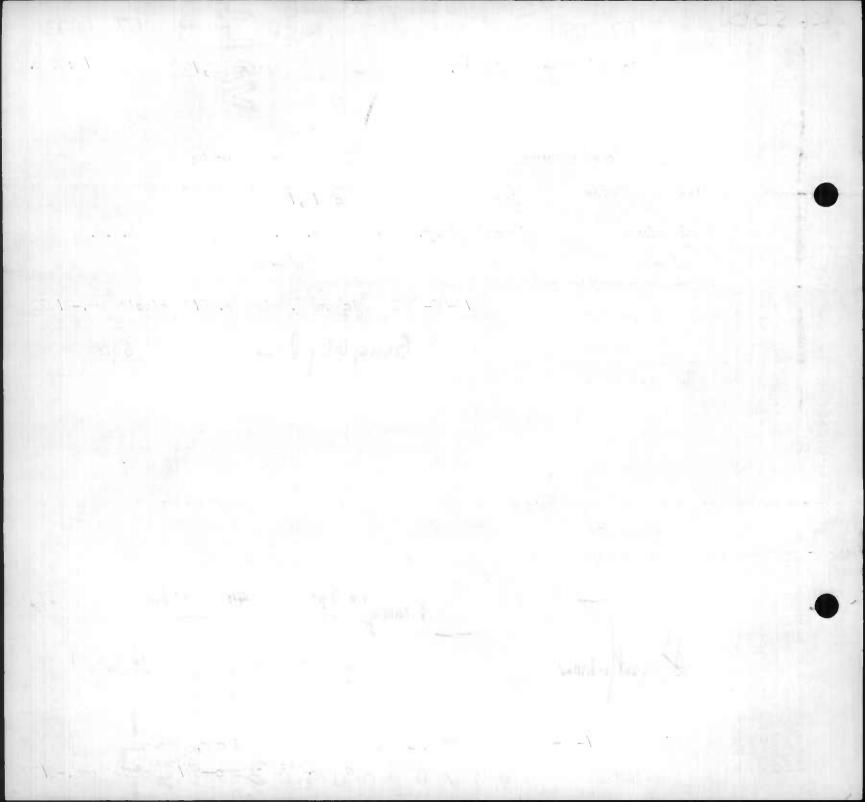
# BALTIMORE CITY HEALTH DEPARTMENT 0802 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 0802

A.E. CASE NO.						
. NAME OF DECEASED	ora Bro	ocato		2. DATE AND HOUR PRONOUNCE 1/20/6	7 6:50 p.	
PLACE IN BALTIMORE, MARYLAND,			4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odnissio			
ULL NAME OF (IF NOT IN HOS HOSPITAL OR ADDRESS OR LO	PITAL OR INSTITUTE (CATION)	JTION, GIVE STREET		ryland 'N (If outside corporate limits, write	RURAL and give township)	
44 Union A	Memorial H	Hospital	11	Baltimore  ESS (If turol, give locotion)  349 Shamrock Ave.	2002	
SEX 6. RACE	7. MARRIED,	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	
female white OA. USUAL OCCUPATION (Give kind of	Wido	wed	Jan. 20, 1			
one during most of working life, even if retire		DOSINESS ON INCOSER	Italy	Total of foreign country,	WHAT COUNTRY?	
3. FATHER'S NAME			14. MOTHER'S MA	_		
(armelo Brocat 5. WAS DECEASED EVER IN U.S. ARA		16. SO CIAL	17 INFORMANT	f Pertitta	ADDRESS	
(es, no or unknown) (If yes, give wor or		SECURITY NO. 220-30-1288	(harles	Brocato - 6304	Belair Rd21206	
18. = 12.4		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION					ONSE! AND DEATH	
(This does not meon the mode	of dying, e.g.,	n (A) I	Multiple i	njuries		
heart failure, asthenia, etc. 1t me injury or complication which cous	ons the disease,	562 10				
ANTECEDENT . CAL	JSES	-1			17 19 9 1	
DISEASES OR CONDITIONS, I	F ANY, GIVING	DUE TO			• • • • • • • • • • • • • • • • • • •	
UNDERLYING CONDITION LA		(C)				
Ž II						
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS	RELATED TO T					
19A. DATE OF OPERATION 19B.		WHICH OPERATION		(Yes or No.) 20B, IF YES, WERE FII		
21 A. EXTERNAL CAUSE WAS	21B.	PLACE OF INJURY (e.g.,	in or obout 21C. W	HERE DID (If in Boltimore City, gi	ve exoct location)	
UNDERLYING TO R CONTRIB-	home etc.)	street, street, o	office bldg., INJURY Bela	ir Rd. near Sheldo	on Ave. 26-02	
7	Yeor) (Hour) 2	TE. INJURY OCCURRED		W DID INJURY OCCUR?		
(APPROX.) 1 20 67	6:45 p.	WHILE AT NOT	WHILE X Pe	destrian struck by	y car	
22. I certify that I held on	Inquiry 🗌	Inspection Aut	topsy X ond	that on this basis, death In n	my opinion	
resulted from: Notural	couses	Accident X Suicid		de Undetermined monne	er 🗌	
ACTUAL KULT	us la C	DA		EDICAL EXAMINER .	DATE SIGNED	
0101111110112	er U. Spi			EDICAL EXAMINER	1/21/67	
23A, BURIAL CRÉMATION, 23B. DATE REMOVAL (Specify).	4-67	C. NAME OF CEMETERY of HOLY Redee		23D. LOCATION (City,	, town, or county) (Stote)  . Md.	
24A. DATE REC'D BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERA	AL DIRECTOR	ADDRESS	
IBMOF	007 00	En Q In A. W	John (	. Miller Inc. 6415	Belair Rd21206	
VS 151-REV. 1/1/65	10/1 ()(L)(S	The state of the	0 0 8	0.0		



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and (the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death cshows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. 67 0800	CERTIFICA	ATE OF DEATH	Registered No.	67	0803
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH		
(Type or Print) Richard Carro	ll Kaine Sr.	Janua	ary 22, 1967		10:30 bom
3. PLACE OF DEATH IN BALTIMORE, MA  FULL NAME OF (If not in hospitol HOSPITAL OR oddress or locotio	RYLAND or institution, give street	4. USUAL RESIDENCE (When A. STATE B. COUN Maryland	e deceased lived, If in		
INSTITUTION		0 1	side only minis, wine v	/-/	7 7
00 2608 Llewelyn Av	renue		nurol, give locotion)	0 0	
5. SEX 6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of world done during most of working lile, even if retired)  Taxi Driver	Diamond (ab (o.	Balto. Md.	gn country)	12. CITIZEN O WHAT CO	UNTRY?
13. FATHER'S NAME	Bautistac Cas Co.	14. MOTHER'S MAIDEN NAM	AF	4.5.7	le.
Unknown		Unknown			
15. Was Deceased Ever in U. S. Armed For (Yes, no or unknown) (If yes, give wor or date	s of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	0 (512.0	ADD	
18. // 6) () . / 1	21/-U3-0202	Richard (.Kain	e 12.0513 De		VAL BETWEEN
DISEASE OR CONDITION DI		or beath			AND DEATH
LEADING TO DEATH  (This does not mean the mode of	(A) COV	oman arting Virginia	/	544	M
heart foilure, osthenio, etc. It meons injury or complication which coused	the diseose,	0 1			
ANTECEDENT CAUSES	(B)	**** • *******************************			********
DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION tost.	ony, giving	***************************************	******************************		**************************************
OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING	ATED TO THE				
	DITION FOR WHICH OPERATION FORMED	20 A. AUTOPSY? (Yes or No.	208. IF YES, WERE I		
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notifly medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exoc	t locotion)
21 D. TIME (Month) (Dov) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
OF INJURY (APPROX.)	While At Not Wh				
	Work At Work	( )	At an	1	111
22. I certify that (I) (this hospital			940 to 1/4	1.M	19.6
that (I) (we) lost saw the decease	ed olive on 8 Jan1	(M) 19 6 ond the	ot in (my) <del>(our) o</del> pi	nion deoth occ	urred on the dote
and bound ond from the couses sta	ted obove. (I) ( <del>We) (did)</del> (did not)	11			
23A. SGNATURE				23B. DATE SIGI	NED
A avand or winn	M.D. At		Stoff Phys.	24 Jan	67
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS			
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CE		OCATION (C)	ty, town, or coun	ity) (Stote)
Burial 1-26-6	7 Parkwood (Emet	eny Ba	ltimone, May	yland	
	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	5 11 .	A	DDRESS
VS 150-REV. 1/4/65 AN 25 1967	R. C. b. E. farley	Joan & Melle	1 Inc-6415	Belair 1	Road21200

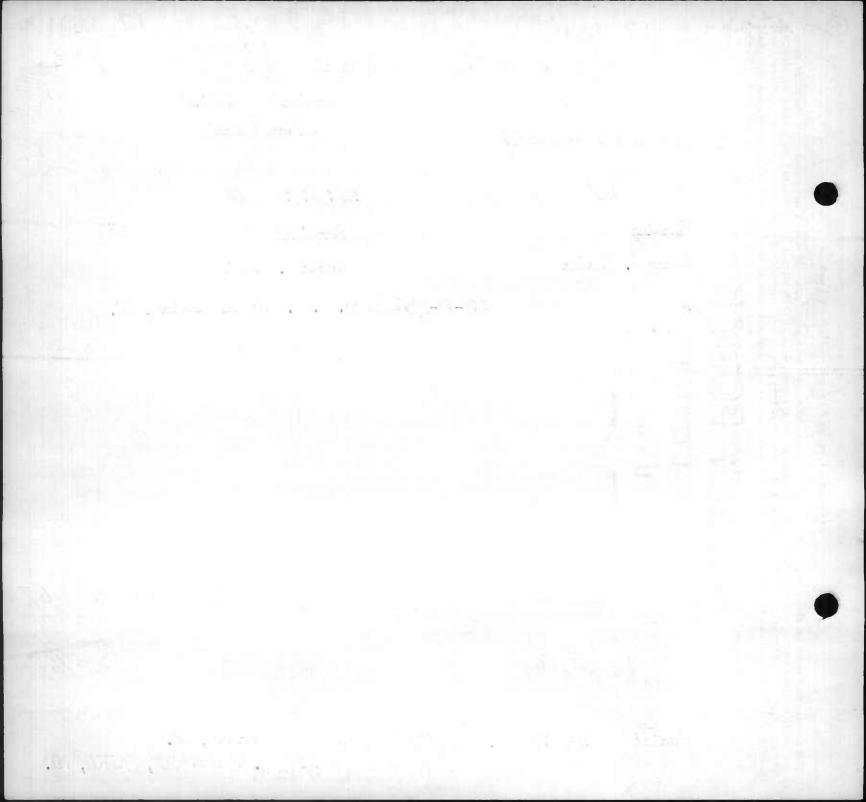


	hospi Jse o (5) D lance deat	3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF HOSPITAL OR INSTITUTION  (If not in hospitol or institution, give street oddress or location)  INSTITUTION  4. USUAL RESIDENCE (Where accoded lived/ If institution: residence before admission and the country of the control of the country of the countr
	atter ior	D. STREET ADDRESS (If rurol, give locotion)
D	contribution to the contribution of the contri	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   If Under 14 H Hours   Minhold   Months   Days   Hours   Minhold   Minho
	or condet	done during most of working life, even if retired)  Farming  Maryland  WHAT COUNTRY?  USA
	rect (4) U (4) U the the spos	13. FATHER'S NAME  Harry S. Cosden  Susan M. Donlin
ORTAN	assistant if the di ny kind; id death ance on r final di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO.  215-14-3954  Mrs. J. B. Cosden, Condova, Md. INTERVAL RETWEEN
4	S C B C C	18. / 9 / 9   CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) Reward Agromous Call Cu 3 yrs
R: IM	P S S E	(A) DUE TO  (This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which coused death.)
ECTOR	A fr who reg	ANTECEDENT CAUSES  (B)  DUE TO  DISEASES OR CONDITIONS, if ony, giving rise to the abave cause (A) stating the (C)
DIRE	an a	UNDERLYING CONDITION lost.
ERAL		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
UNE	Bo Bo	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
I		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID hame, form, foctory, street, office bldg., INJURY OCCUR?  etc.)  (If in Boltimore City, give exact locotion)
	ed b atur pt w (6)	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED  OF INJURY (APPROX.)  While At Work  Not While At Work
	000.0	22. I certify that (I) (this hospitel) attended the deceased from / 2/3 d 19 / 10 / 2 / 19 / 19 / 19 / 19 / 19 / 19 / 19
	e must be a released to accident of a hospital or to death)	ond hour and from the couses stoted above. (1) (We) (did) (did not) view the body ofter death.  23A. SIGNATURE  M.D. Attending Med. Stoff Phys. 23B. DATE SIGNED  23B. DATE SIGNED
	was rele An acci L at a h prior to	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS M.D.
	* - 7	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote Burial 1/25/1967 St. Joseph's Cemetery (Coddora, Md.)
	This certif the body shows: (1) was D.O., deceased written a	Burial 1/25/1967 St. Joseph's Cometery Coddora, Nd.  25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISERAR  25C. JUNERAL DIRECTOR NEUMAN & SON, EASTON, NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.

VS 150-REV. 1/1/65



67 0805	BALTIMORE CITY	HEALTH DEPARTMENT		67 0805
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na	0000
M.E. CASE NO.			D HOUR OF DEATH	
(Type or Print) Harry M. Collier,	Jr.	1-3	21-67	1045 pm.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceosed lived. If institu TY	tion; residence before odmission)
FULL NAME OF (If not in hospital or institution, given HOSPITAL OR oddress or location) INSTITUTION	e street	Maryland c. CITY ON TOWN (If outs	Baltimis side city limits, write RUR	AL and give township)
Sinai Hospital of Bo	Itimore	Baltimor	urol, give location)	13-06
1/5		1 1 1	A 1	
S. SEX   6. RACE   7, MARRIED, N	EVER MARRIED		wick Rd.	Under 1 Yr If Under 24 Hrs.
m widoweb.	DIVORCED (specify)	1-17-15	51	onths Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BI done during most of working life, even if retired)		11. BIRTHPLACE (State or foreig	gn country)	2. CITIZEN OF WHAT COUNTRY?
	YARTIN	Maryland		U.S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE 8,	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	214-01-4749	BLANCHE CO	OLLIER 354	6 KESWICKRD
18. 332 XIX-203X	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	C		1 1 0 1 11	
(This does not mean the mode of dying, e.g.,	DUE TO -	brovascular Accie	den 1- frobable	16 4915
heart failure, asthenia, etc. It means the disease, injury or camplication which coused deoth.)				
ANTECEDENT CAUSES	(B) Av +	eriosclerosis		***************************************
DISEASES OR CONDITIONS, if ony, giving	001			
rise to the above cause (A) stoling the UNDERLYING CONDITION lost.	(C)		DAAAA AGG GAAGAADG GAAGAG GAAGAGAG GAAGAG GAAGAGAG GAAGAG GAAGAG GAAGAG GAAGAG AGAAGA	•
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	M	. M . 1		
DISEASE OR CONDITION CAUSING IT.	Multiple	20 A. AUTOPSY? (Yes or No)	200 IF YES WEST SINU	DINGS CONTROLLED
19A. DATE OF OPERATION 19B. CONDITION FOR WH	ICH OPEKATION	A IO	IN CERTIFYING CAUSE	S OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PL	ACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimore Ci	ty, give exact tocotion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	form, foctory, street, o	ffice bldg., INJURY OCCUR?		
_	JURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX) While Work	At Work			
22. I certify that 題 (this haspital) attended the	deceased fram	12/15	9 6 <b>6</b> ta	1/21 1967.
that 🏙 (we) last saw the deceased alive an	1/21	19 6 7 and tha	nt in (🖙 (aur) apinia	
and haur and fram the causes stated above. (4)	We) (did) (didage)	riew the bady after death.		
23A. SIGNATURE	0		23	B. DATE SIGNED
Ullan S. Kudol	M.D. Affe	s. Med. Director	Stoff Phy s.	1-21-67
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1 . 1 1	
Allan S. Rudolp	M.D.	Sinai P	10spital	
REMOVAL (Specify)	E of CEMETERY or CRI			town, or county) (State)
	CARAINE		LTG. MO,	
JAN 25 1967 1258. NAME OF	A Children M	Part C. C.	erenet 32	inchester 12
VS 150-REV. 1/1/65				

MACHER GL. MARTIN 214-61-4144 BEALMENE COLLIER 35 YE KEELLICKE Busin HEEHT LEARNE BAIR NO. Red T. Character Strate Land

FUNERAL DIRECTOR: IMPORTANT	- 1
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the hody was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	and
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	D pesp
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the 🧷	the C
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	Such
written approval must be obtained before the remains are embalmed or final disposition is made.	2

BIRTH	NO.	0806			TE OF DEATH		67 0806
1. NA/	CASE NO. ME OF DECEASED					AND HOUR OF DEATH	
Туре	Or Print) WEART	, (	QUIL	LIE E.		1/22/1967	12,50 P.N
	ACE OF DEATH IN BALT	MORE, MARYL	AND		4. USUAL RESIDENCE (VA. STATE B. CO	Where deceased lived, If in DUNTY	stitution: residence before odmission)
HO INS	SPITAL OR oddre	in haspital ar i ss or location)			C. CITY OR TOWN III	outside city limits, write	RURAL and give township)
1	1. Charles (	SEH,	Ho Spi7	AL	O. STREET ADDRESS 611 PARK	(If rurol, give location)  AVE, APT	405
S EX	M. 6. RACE		WIDOWED,	NEVER MARRIED DIVORCED (specily) DOWED	8. DATE OF BIRTH 6/10/1873	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Manths Doys Haurs Min.
	SUAL OCCUPATION (Given luring most of working life, experience)  PET LED	ren if retired)	Print		11. BIRTHPLACE (State or Md.	fareign country)	12. CITIZEN OF WHAT COUNTRY?
3. FA	THER'S NAME			- 1 29	14. MOTHER'S MAIDEN	NAME	33.1
	5'Amuel				Margaret D	elphey	
Yes, n	os Deceosed Ever in U. S o or unknown) (If yes, give	Armed Forces: wor or dotes of	service)	SECURITY NO.	Hospital	records	ADDRESS
18	1. 44.20 0			CAUSE O	1		INTERVAL BETWEEN
	DISEASE OR CON LEADING		TLY	71	Loubo PIKES	TIS	ONSET AND DEATH
h	This daes not mean the	c. II means the	disease,	DUE TO			
11	njury ar camplicatian wl ANTECEDEN		o ih.)	(B) ART	ELioSCLEROT7	c AGAM DIS	S
ri	DISEASES OR CONDITION SE la lhe above UNDERLYING CONDITION	cause (A) sta					
≚   1	THER SIGNIFICANT COITO THE DEATH BUT	NOT RELATED		GENERA	cized Artel	ioscl#kosis	
	A. DATE OF OPERATION		ION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes o	1 No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 2	A. ACCIDENT WAS UN PR CONTRIBUTING CA EATH (notily medical exc	USE OF	21 B. home etc.)	PLACE OF INJURY (e.g., i , lorm, foctory, street, o	or obout 21 C. WHERE DI	D (II in Boltimore	e City, give exect location)
NEDI O	TD. TIME (Month) (I F INJURY APPROX.)	Doy) (Year) (I		INJURY OCCURRED  e At Not While At Work		INJURY OCCUR?	
	2. I certify that (I) (that (I) (we) lost saw t				/ -		nion death occurred on the do
_		couses stated	obove. (I)	(We) (did) ( <del>did not</del> ) v	iew the body ofter deo	th.	
23	Robert	Roul	and	M.D. Atte	ending Med. Director	Stoff 1 Phys.	1/22/67
23	NAME (Type)		-	ENOFE M.D.	TO DE MODREJO	LES GON.	Hospi
4A.	BURIAL CREMATION, 24 REMOVAL (Specify)	IB. DATE	24C. NA	ME of CEMETERY of CR	MATORY 24	LOCATION (C	ity, town, or county) (State)
1000	urial	1/25/67	7 Tr	inity Luth	eran	Taneytown	Carroll Md.
	JAN 25	DEPT. 25	B. NAME O	TO JOU MA	25C FUNERAL DIREC	Sou 8802 /	A-PDRESS
/\$ 15	0-REV. 1/1/65	40			1 DIVENERO	CMGH NOCKY	

NAME OF STACK OF

Male Negro WIDOWED, DIVORCED (specify)  Months  10A. USUAL OCCUPATION (Give kind of work 108. KIND OF SUSINESS OR INDUSTRY 11. BIRTHPLAGE (Note of work 108. KIND OF SUSINESS OR INDUSTRY 11. BIRTHPLAGE (Note of work 108. KIND OF SUSINESS OR INDUSTRY 11. BIRTHPLAGE (Note of work 108. KIND OF SUSINESS OR INDUSTRY 11. BIRTHPLAGE (Note of work 108. KIND OF SUSINESS OR INDUSTRY 11. BIRTHPLAGE (Note of work 108. KIND OF SUSINESS OR INDUSTRY 11. BIRTHPLAGE (Note of work 108. KIND OF SUSINESS OR INDUSTRY 11. BIRTHPLAGE (Note of work 108. KIND OF SUSINESS OR INDUSTRY 11. BIRTHPLAGE (Note of work 108. KIND OF SUSINESS OR INDUSTRY 11. BIRTHPLAGE (Note of work 108. KIND OF SUSINESS OR INDUSTRY 11. BIRTHPLAGE (Note of work 108. KIND OF SUSINESS OR INDUSTRY 11. BIRTHPLAGE (Note of work 108. KIND OF SUSINESS OR INDUSTRY 11. BIRTHPLAGE (Note of work 108. KIND OF SUSINESS OR INDUSTRY 11. BIRTHPLAGE (Note of work 108. KIND OF SUSINESS OR INDUSTRY 11. BIRTHPLAGE (Note of work 108. KIND OF SUSINESS OR INDUSTRY 11. BIRTHPLAGE (Note of work 108. KIND OF SUSINESS OR INDUSTRY 11. BIRTHPLAGE (Note of work 108. KIND OF SUSINESS OR INDUSTRY 11. BIRTHPLAGE (Note of work 108. KIND OF SUSINESS OR INDUSTRY 11. BIRTHPLAGE (Note of work 108. KIND OF SUSINESS OR INDUSTRY 11. BIRTHPLAGE (Note of work 108. KIND OF SUSINESS OR INDUSTRY 11. BIRTHPLAGE (Note of work 108. KIND OF SUSINESS OR INDUSTRY 11. BIRTHPLAGE (NOTE of work 108. KIND OF SUSINESS OR INDUSTRY 11. BIRTHPLAGE (NOTE of work 108. KIND OF SUSINESS OR INDUSTRY 11. BIRTHPLAGE (NOTE of work 108. KIND OF SUSINESS OR INDUSTRY 11. BIRTHPLAGE (NOTE of work 108. KIND OF SUSINESS OR INDUSTRY 11. BIRTHPLAGE (NOTE of work 108. KIND OF SUSINESS OR INDUSTRY 11. BIRTHPLAGE (NOTE of work 108. KIND OF SUSINESS OR INDUSTRY 11. BIRTHPLAGE (NOTE of work 108. KIND OF SUSINESS OR INDUSTRY 11. BIRTHPLAGE (NOTE of work 108. KIND OF SUSINESS OR INDUSTRY 11. BIRTHPLAGE (NOTE of work 108. KIND OF SUSINESS OR INDUSTRY 11. BIRTHPLAGE (NOTE of work 108. KIND OF SUSINESS OR INDUSTRY 11. BIRTHPLAGE (NOTE of work 108.	er 1 Yr. If Under 2 Doys Hours ZEN OF AT COUNTRY?
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET  ADDRESS OR LOCATION)  2243 E. Preston Street  D. STREET ADDRESS (If rurol, give locoson)  2243 E. Preston Street  S. SEX  6. RACE  MIDOWED, DIVORCED (specify)  Negro  10A. USUAL OCCUPATION (Give kind of work 108. KIND OF AUSINESS OR INDUSTRY 11. BIRTHPLAGE (Flote of page country)  13. FATHER'S NAME  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  Hypertensive cardiovascular disease	Doys Hours ZEN OF AT COUNTRY?
D. STREET ADDRESS (If rurol, give locotion)  2243 E. Preston Street  5. SEX  6. RACE  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  Negro  10A. USUAL OCCUPATION (Give kind of work loss kind of work loss kind of working life, even if relired)  13. FATHER'S NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  D. STREET ADDRESS (If rurol, give locotion)  2243 E. Preston Street  8. DATE OF BIRTH  9. AGE (In years lift Unde Months)  45  12. CITIZ  WH)  13. FATHER'S NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  243 Z: Preston Street  ADDRES  17. INFORMANT  18. CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) Hypertensive cardiovascular disease	ZEN OF AT COUNTRY?
Male Negro  IOA. U SUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Note or legal of country)  13. FATHER'S NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.  18.  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) Hypertensive cardiovascular disease	ZEN OF AT COUNTRY?
Tis. Was deceased ever in u.s. armed forces?  (Yes, no or unknown) (If yes, give wor or doles of service)  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not ment ment the mode of dying, e.g., (A)  Hypertensive cardiovascular disease	AT COUNTRY?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or doles of service)  16. SOCIAL SECURITY NO.  22 43 2: Preston #2/  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A).  (A) Hypertensive cardiovascular disease	1213
(Yes, no or unknown) (If yes, give wor or dotes of service)  2243 2: Preston #2/  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying e.g.  (A) Hypertensive cardiovascular disease	12/3
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying e.g., (A). Hypertensive cardiovascular disease	~/~)
LEADING TO DEATH  (This does not mean the mode of dying e.g. (A) Hypertensive cardiovascular disease	INTERVAL BETWO
This does not mean the mode of dying e.g.,	
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST, (C)	
OF II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS OF	
DISEASE OR CONDITION CAUSING IT.	
WAS PERFORMED IN CERTIFYING CAUSES OF D	
NO  21A. EXTERNAL CAUSE WAS  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact I	locotion)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  home, form, foctory, street, office bldg., INJURY OCCUR?	
∑ 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)  WHILE AT NOT WHILE AT WORK	
22.	
I certify that I held an Inquiry Inspection X Autapsy and that an this basis, death in my apinio	ın
resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner	
ACTUAL SIGNATURE  ACTUAL SIGNATURE	DATE SIGN
STOTIAL ON L	
EXAMINER'S NAME (Type) Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER Januar	CV 20 196
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or	ry 20, 196

De Valle Con De de 14. The state of the state of the state of 自1878年 高级 1878年 李军人 1887年 188 man and the state of the state White William Was to the Control of the Control of

DRIANT	ust be approved by the chief medical examiner or his assistant if death occurre	agsed to the hospital by a medical examiner. Also, it the direct of contribut	dent of any nature; (2) Body burns; (3) A tracture of any kind; (4) Underermined	iospital (except where the physician who pronounced death was in regular	death); and (6) No physician was in regular attendance on the deceased p	must be obtained before the remains are embalmed or final disposition is made
IMPO	or his o	AISO, I	re or an	nounce	attend	Imed or
FUNERAL DIRECTOR: IMPORTANT	nedical examiner	edical examiner.	purns; (3) A tracto	hysician who pro	n was in regular	remains are emba
FUNER	ed by the chief r	hospital by a m	drure; (2) Body	pt where the p	(6) No physicia	ined before the
	ust be approv	ased to the	dent of any n	ospital (exce	death); and	must be obtain

VS 150-REV. 1/1/65

1.129	BALTIMORE CITY HEALTH DEPARTMENT	67 0808
- 6 5 J	DIRTH NO. 67 0808 CERTIFICATE OF DEATH Registered N	0. 19 0000
f deatlecesses on the Suc	M.E. CASE NO.  1. NAME OF DECEASED (Type or Print) HARDEN CHARLES FRANKLIN  2. DATE AND HOUR OF DEA (Type or Print) HARDEN CHARLES FRANKLIN  2. DATE AND HOUR OF DEA	1967 230
a e Do D	3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY  FULL NAME OF (If not in hospital or institution, give street)	If institution: residence before admission)
a hos cause se; (5) ndan to de		ite RURAL ond give township)
ting c d caus d caus r atter prior 1	Union Memorial Hospital  D. STREET ADDRESS (If runo), give location)  2003 GIRARN	AVENUE
- 0 0 D	5. SEX    6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In yeors widowed plyosced (specify)   04-27   93   lost birthdoy)   9. AGE (In yeors lost birthdoy)	If Under 1 Yr. If Under 24 Hrs.  Months; Doys Hours; Min.
ontro ontre erm reg sase is n	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRYS
dea Unc as as	TO CANDENS MAINE MAINEN MAINE	AMERICAN
direct di	JOSEPH HARDEN MARKY  15. Was Deceased Ever in U. S. Armed Foices? 16. SOCIAL 17. INFORMANT	ADDRESS
the d the d kind, deat nce or	(Yes no or unknown) (If yes nive was as dates of service)   SECURITY NO	SAME)
lso, if of any unced tenda	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH  CAUSE OF DEATH  CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ner or ner. Al acture prono	(This does not meon the mode of dying, e.g., DUETO heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
A fra Who regu	ANTECEDENT CAUSES  (B)  DUE TO  DISEASES OR CONDITIONS, if ony, giving	d 1
ical extra (3) rs; (3) cian as in ains a	rise to the obove couse (A) sloling the UNDERLYING CONDITION lost.	Xh
medice medice burns physic an wa	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  L'ANDRON L'ANDRE L'AND	
by a n Body by the hysicie	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION (20A. AUTOPSY? (Yes of No.) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED
y the ital b e; (2) rhere No ph befor	C   21A. ACCIDENT WAS UNDERLYING	more City, give exoct locotion)
hospi natur ept w d (6) I	21D. TIME (Month) (Day) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Work 21 Work	
any (exc ; an	22. I certify that (I) (this hospital) attended the deceased from 1967 to that (I) (we) last sow the deceased alive on 1967 and that in (my) (our)	
assed to dent of ospital death) must b	and hour and from the couses stated above. (1) (We) (did) (did nat) view the body after death.	23B, DATE SIGNED
elea ccide a hos to d	Trefer 18/0 120 Sound Attending Med. Director Phys.	1-23-67
was r An a A. at a prior	FRIDTSOFUR BIORNSSON M.D. UNION MEMORII	91 HOSPITAL
F ≥E o P □	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION BURIAL Specify 1/26/67 LORAINE BALTO, M.	(City, town, or county) (State)
This certhe bod shows: was D. decease	JAN 25 1967 P. C. B. Tankers   255 June 125 June	ADDRESS Ave,

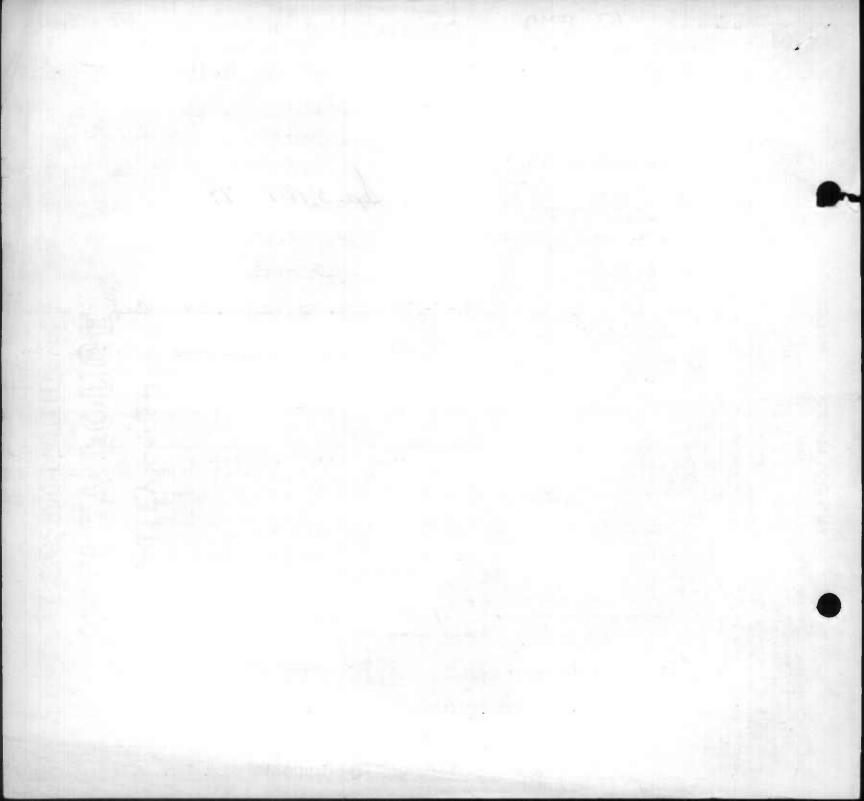
215 OS OS 20 BE WAS ANNEDOW (Seems) Bornbaharmin W.S. E. Home BALTE W. BELLIA HESTER WALKE With the said the state of the said

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and of the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

CM 0000	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na.	67 0809
1. NAME OF DECEASED	0 20 14.4	2. DATE, AND	HOUR OF DEATH	317
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	AMPER (JU	WILLIAM JAN A USUAL RESIDENCE (Where A STATE B. COUNT	deceosed lived. If ins	M.
FULL NAME OF (If not in hospital or institution, HOSPITAL OR oddress or location)		maryl	and	URAL and give township)
INSTITUTION	0	Balter	wall.	13-01
952 Brooke to	ane	D. STREET ADDRESS (If ru	rol, give locotion)	an
	D, NEVER MARRIED		AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n gountry)	12. CITIZEN OF
done during most of working life, even if retired)		marulen	l.	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
leahown		Unkno	our	
(Yes, no or unknown) (If yes, give wor or dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	0	ADDRESS
20 -		Mis. Verma	a Smal	l-952 Broada
18.420,0	CAUSE O	F DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	MART	ERIOSCLEROTI	C HEART	- 2 YEARS
(This does not mean the made of dying, e.g. heart failure, asthenia, etc. It means the disease	DUE TO TO	SEASE		
injury or camplication which caused death.)		JENSE		
ANTECEDENT CAUSES	DUE TO	***************************************		**************************************
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast.				
II				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF	me, form, foctory, street, o	n or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
Q 21 D. TIME (Month) (Day) (Year) (Hour) 211	E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
≥ (APPROY)	hile At Not While Ork At Work			
22. I certify that (1) (this hospital) attended	the deceosed fram	VAN. 18, 19	67 10 VA	N. 23, 1967.
that (I) (we) lost saw the deceased alive an	JAN, Z			ian death accurred on the date
ond hour and from the couses stated above.	(I) ( <del>We)</del> (did) ( <del>did-not)</del> \	iew the body after death.	-	
23A. SIGNATURE HOLDS	Cui M.D. Atte	ending Med. S	itoff Thy s.	238, DATE SIGNED
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS	. 11	
MARVIN GOLDSTE	// M.D.	6001 PAN	K HEIGH	ITS AVE,
24A. BURIAL CREMATION, 24B. DATE 24C.N	AME of CEMETERY OF CR	EMATORY 24D. LO	CATION (Cit	y, town, or county) (Stote)
Bureal /26/67/1	ut Calvar	y com K	rookly	u Md.
25A. DATE REC'D BY HEALTH DEPT. 258. NAME	The state of	259 FUNERAL DIRECTOR	10	nes (11 ) ADDRESS
JAN 26 1967 R.C.	to E. Salberma	a Coro Sala	are 180	(10. north line
V\$ 150-REV. 1/1/65				

The property of the second sec motor degra michina e Marita El - The state of the state of SHAN DIVERSION OF Security of the second

	014		BALTIMORE CITY	HEALTH DEPAR	TMENT		0010
IRTH NO.	67 08:1		CERTIFICA	TE OF DE	ATH	Registered No.	67 0810
M.E. CASE NO.	EASED				2, DATE ANI	D HOUR OF DEATH	
(Type or Print)	Frank	J. Kaufm	าสท		Tanuah	, 10 1047	2.0E D
3. PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND	IOU	4. USUAL RESIDE	ENCE (Where	e deceased lived. If in	3:25 P
FULL NAME O HOSPITAL OR INSTITUTION	F (If not in hospital oddress or location		sheet	C. CITY OR TOW	yland (II outs	side city timits, write	RURAL ond give township)
00				D. STREET ADDR	timore (IF 10	urol, give location)	13-01
Emerson	rian Apartmen	ts, Apt 7	'AA	Eme	rsonia	n Apartmena	s, Apt 7AA
	6. RACE  White  IPATION (Give kind of work	Marrie	DIVORCED (specify)	B. DATE OF BIRTH	1887	ost birthdoy) on country)	If Under 1 Yr. If Under 24 F Month's Doys Hours Min.
	vorking lile, even if retired)	Coura Da		D = D + f	11		
Employe 3. FATHERS NAN	AE .	Sun Pa	pers	Baltimo	AIDEN NAN	rykand	USA
5. Was Deceased	1 Kaufman Ever in U. S. Armed For All yes, give wor or dote	ces? 16	SOCIAL SECURITY NO.	Nettie 17. INFORMANT	Konheir	n	ADDRESS
No		2	13-03-3095	Mrs. Ro	se Kau	Iman Emons	onian Apartments
18. 4.21	117+26	01		F DEATH		William Files	INTERVAL BETWEEN
	E OR CONDITION DIR	ECTLY	0				ONSET AND DEATH
	LEADING TO DEATH		(A) CO	orman	1/h	umbors	Word 3h
heart failure,	ol meon the made al asthenio, elc. Il means	the disease,	DUE TO	0	}		
	plication which caused	death.)	(8)				
	ANTECEDENT CAUSES		OUE TO		****************	0 0 0 00 00 00 00 00 00 00 00 00 00 00	
	R CONDITIONS, if abave cause (A)		(6)				
	CONDITION last.	storing the	(0)				
TO THE DI	11 FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO THE	Hyper	cabeles plana?	mell right &	lifus Thys	and about 25
	OPERATION 198. CON WAS PERI	DITION FOR WHI		20A. AUTOPSY			FINDINGS CONSIDERED
OR CONTRIBU	TING CAUSE OF medicol exominer)	21 B. PL, home, etc.)	ACE OF INJURY (e.g., i form, foctory, street, o	in or obout 21 C. WH office bldg., INJURY	ERE DID OCCUR?	(II in Boltimor	e City, give exact location)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E, IN	JURY OCCURRED	21 F. HO	W DID INJU	JRY OCCUR?	
(APPROX.)		While Work	AI Not While	le 🗀			
22	Abox (I) (Abic bacated				2.1 1	022 . 1/	1967
			deceased from	10 (1)	-/	/ "	7/
	last saw the decease		1/19/	19.6-	1	ot in (my) (our) api	non death occurred on the
	from the couses stat	ed above. (I) (\	We) (díd) <del>(did not</del> ) v	view the body oft	er deoth.	ges	
23A. SIGNATU	RE			/			23 B. DATE SIGNED
Ohlo	doe H Morn	don	M.D. Att	ending Me	ed. rector	Stoff Phys.	1/20/6/
23C. PHYSICIA NAME (T)				23D. ADDRESS			
117	Dr. Th	endare Ma	HHISON M.D.	11. F	Chasa	Stroot	
AA. BURIAL CREA	pecily)	24C. NAM	E of CEMETERY OF CR		24D. LO		ity, lown, or county) (State
Burial 25A. DATE REC'D	BY HEALTH DEPT.	7 Heb	rew Friends	hip 25C. FUNERAL	DIRECTOR	Baltimore	, Maryland ADDRESS
'S 150-REV. 1/1/	AN 28 1967	00.62	Ja Quina ?	Opl Bev	inson 8	& Bros. Inc	., 6010 Reisters
0 100-RET. 1/10	LIL HO 1901	a Constant					



MEDICAL

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attendance on the

a hospital and

1		BALTIMORE CITY	HEALTH DEPARTMENT		67 0811
	TH NO. 67 0811	CERTIFICA	TE OF DEATH	Registered No	07 00.14.
	E. CASE NO. NAME OF DECEASED	7	2. DAJE A	ND HOUR OF DEATH	
(Ту	pe or Print) JERRY	KOSOFF		1. 21, 1967	7 1 830 AM
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Who	ere deceased lived. If insti NTY	tution: residence before odmission)
	FULL NAME OF (If not in hospital or institution HOSPITAL OR oddress or location) INSTITUTION	, give street	c. CITY OR TOWN (IF or	utside city limits, write RU	RAL and give township)
	00		Baltimore D. STREET ADDRESS (III	rural, give location)	21-1
	2700 West Gartison Avenue		2700 West	Garrison Aven	iue
5.	WIDOW	D, NEVER MARRIED ED, DIVORCED (specify)  anhiod	8. DATE OF BIRTH	9, AGE (In years Jost birthdoy)	It Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10 B, KIND ne during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	17. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
	Cutter	eat	Russia		USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	Joseph Rosoff		Frieda Cohe	en	
15. (Ye	Wos Deceased Ever in U. S. Armed Forces? es,no oi unknown) (If yes, give wor or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	216-03-1503	Mrs. Sylvia I	205066. 2700 0	Garrison Ave.
	18. 4 2 2 1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1	alexander	ucuk	
	(This daes not mean the made of dying, e., heart foilure, asthenia, etc. It means the disease injury ar camplication which caused death.)				
	ANTECEDENT CAUSES	(B)			• • • • • • • • • • • • • • • • • • • •
	DISEASES OR CONDITIONS, if any, giving itself to the above cause (A) stoting the UNDERLYING CONDITION last.	_			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	NG THE			
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
U	21 A. ACCIDENT WAS UNDERLYING 2	B. PLACE OF INJURY (e.g., in	n or obout 21C. WHERE DID	(It in Baltimore C	ity, give exact location)

OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examined etc.)

21 D. TIME OF INJURY (Doy) (Month) (Yeor) (Hour) 21 E. INJURY OCCURRED White At Not While I (APPROX)

21 F. HOW DID INJURY OCCUR?

22. I certify that (I) (this haspital) attended the decembed that (1) (we) last sow the deceased alive

apinion death occurred an the date

and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE

Work

_	, ,	9 -7		,	 ,		
				A 44 P		-1	
		-	_AA, D.	Attending	-	ed.	

M.D.

At Work

tending y s.	9	Med. Director		Statí Phy s.	
23 D. A	DDRESS		1		

23 B. D	ATE SIGI	NED		
1 4	27	1	1	967
0	0	1		

23 C. PHYSICIAN'S

24C. NAME of CEMETERY OF CREMATOR

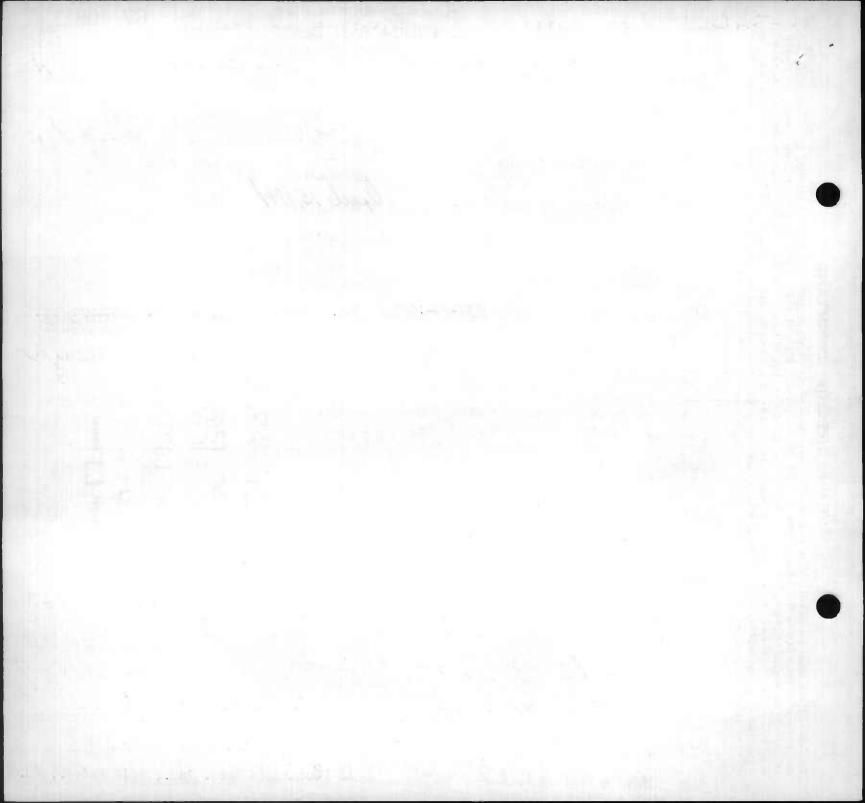
0	uce	Deice	il	-
24D.	LOCATION	(CityOtow	n, or	count

REMOVAL (Specity)		
Burial	1/22/67	Shaarei T
25A. DATE REC'D BY HEAL	TH DEPT. 25	B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

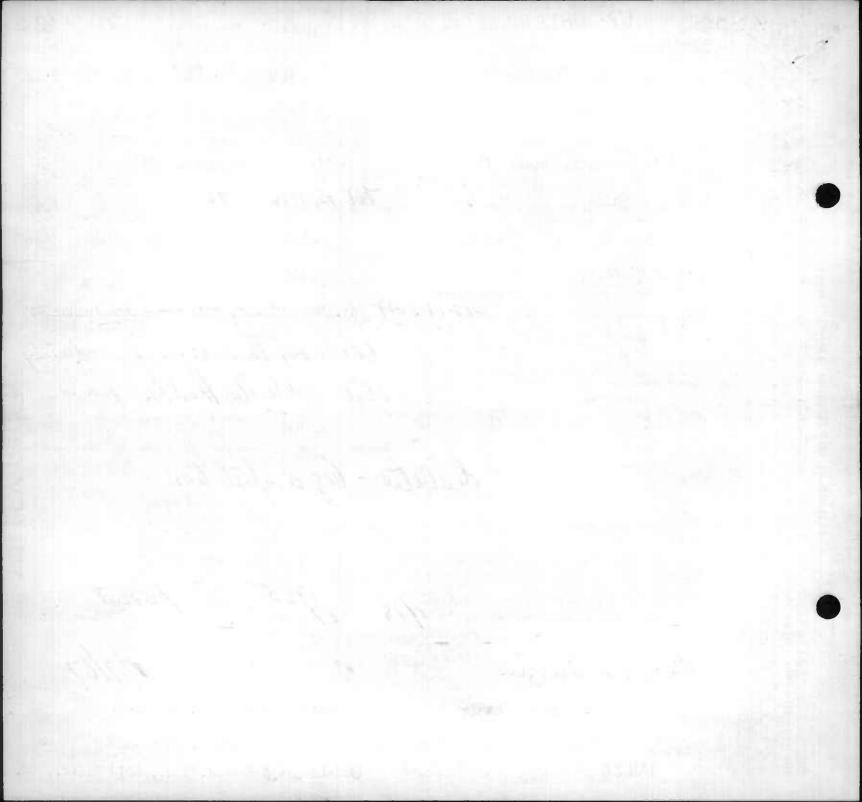
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LEvinson & Bros. Inc. 6010



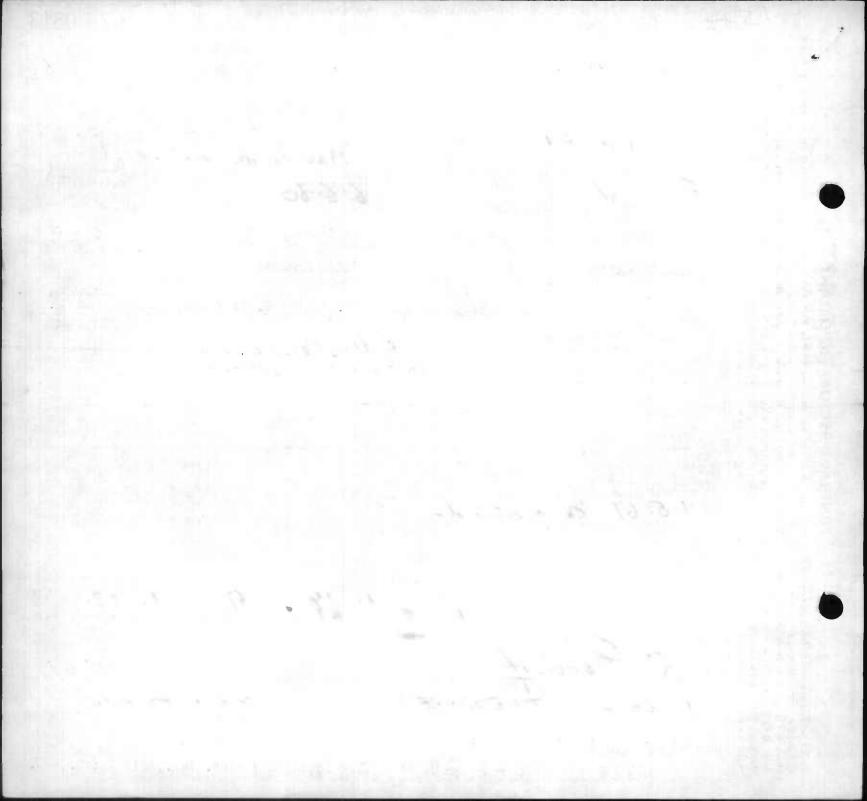
	FUNERAL	FUNERAL DIRECTOR: IMPORTANT	IMPORT/	INT		•	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	by the chief med spital by a medi	dical examiner cal examiner.	or his assist Also, if the	ant if death direct or co	occurred in a l	hospital and ise of death	M.
shows: (1) An accident of any nat	ure; (2) Body bur	ns; (3) A fractur	e of any kir	d; (4) Undete	rmined cause;	(5) Deceased	-
was D.O.A. at a hospital (except	where the phys	ician who pror	op perunou	ath was in	egular attend	ance on the	4
deceased prior to death); and (6	6) No physician w	/as in regular	attendance	on the dece	ased prior to	death. Such	1
written approval must be obtained	ed before the rem	nains are embal	med or fina	disposition	is made.		0

67 0812	BALTIMORE CITY H	EALTH DEPARTMENT		OM 001
BIRTH NO.  M.E. CASE NO.	CERTIFICAT	E OF DEATH	Registered No.	67 081
I. NAME OF DECEASED		2. DATE ANO	HOUR OF DEATH	
Louis Miller 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	Π,	Januari 4. USUAL RESIDENCE (Where-	deceosed lived. If insti	6:30 A
FULL NAME OF (If not in hospital or institution, g HOSPITAL OR oddress or location) INSTITUTION	pive street	Maryland		IRAL and give township)
00	1	Baltimorie  D. STREET ADDRESS (If rus	ol, give location)	27-19
3012 Manhattan Avenue #1	5	3012 Manhata	tan Avenue	#15
S. SEX  6. RACE  7. MARRIED, WIDOWED, WIDOWED, WALL  OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF	, DIVORCED (specify)	1 1 100	st birthdoy)	If Under 1 Yr. If Under Months Ooys Hours
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF one during most of working life, even il retired)	BUSINESS OR INOUSTRY	1. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
Manager Ret		Russia		USA
3. FATHERS NAME	14	. MOTHER'S MAIDEN NAM	E	
Israel Miller		Yetta Newn	nan	
o. Wos Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dotes of service)	1 6- SOCIAL SECURITY NO.	7. INFORMANT	illor L	ADDRESS
14	217 11/ 00/0		. 2010	
NO 18, // 20 / 19-1 2/ (2) X	CAUSE OF		r, 3012 Man	hattan Avenue
Tau1112001	CAUSE OF	DEATH		ONSET AND DEA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	X	Asser 1/1	as harin	I was a flee
	(A) OUE TO	or wary in	120moons	winned alal
(This does not meon the made of dying, e.g., heor) foilure, asthenia, etc. It means the disease,	OUE TO	/ 2	. //	
injury or complication which coused death.)	/	1-1- 1. Olha	Tall X	11. 1
ANTECEDENT CAUSES	(8)	seerescello	111 Ray N	in years
	OUE TO		00//	/
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the				_ ′
UNDERLYING CONDITION loss,	(C)	min 00 00m 00 000 m0 00 00 00 m0 00 00 00 0		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	dealetes	- les aux	utation	
19A. DATE OF OPERATION 19B. CONDITION FOR W	VHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIR	NDINGS CONSIDERED SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING   21B.   CONTRIBUTING   CAUSE OF   CONTRIBUTING   CAUSE OF   Co.)	PLACE OF INJURY (e.g., in ce, form, foctory, street, office	or obout 21C. WHERE DID	(If in Baltimore	City, give exact location)
	INJURY OCCURRED	21F. HOW DID INJU	NY OCCUPA	
OF INJURY	le At [77] Not While I		KT OCCUR:	
(APPROX.)			-	/ _1
22. I certify that (I) (this hospital) attended th	ne deceased from /	1953 19	to A	Slden 19
	1/10	/ 53		
that (I) (we) last saw the deceased alive an	···············/0	and that	in (my) (aur) apini	an death accurred an t
and haur and from the causes stated above. (1)	) (We) (dld) (did nat) vie	w the body after death.		
23A. SION ATURE				23B. OATE SIGNED
Mohand Ann	M.O. Attend	ding Med. S	toff	11/10/17
1 Je mara Jour gen	Phys.		hy s.	1/17/6/
23C. PHYSICIAN'S NAME (Type)	23	D. ADDRESS		/ /
	M.O.	Pairtaketer	C ODay : . H.	Donde
4A. BURIAL CREMATION, 24B. DATE 24C, NA REMOVAL (Specify)	OUR CEMETERY OF CREM	ATORY 24D. LO		, town, or county) (
Burial 1/20/67 He.	brew Young Men	25C. FUNERAL DIRECTOR	Ctimore, Mar	yland AOORESS
deat a .	2 7.0 0			
JAN 26 1967 R. C. 6 8	Z, Tallow MA	GolfLevinson &	bros. Inc.	, 6010 Kerst.
S 150-REV. 1/1/65				

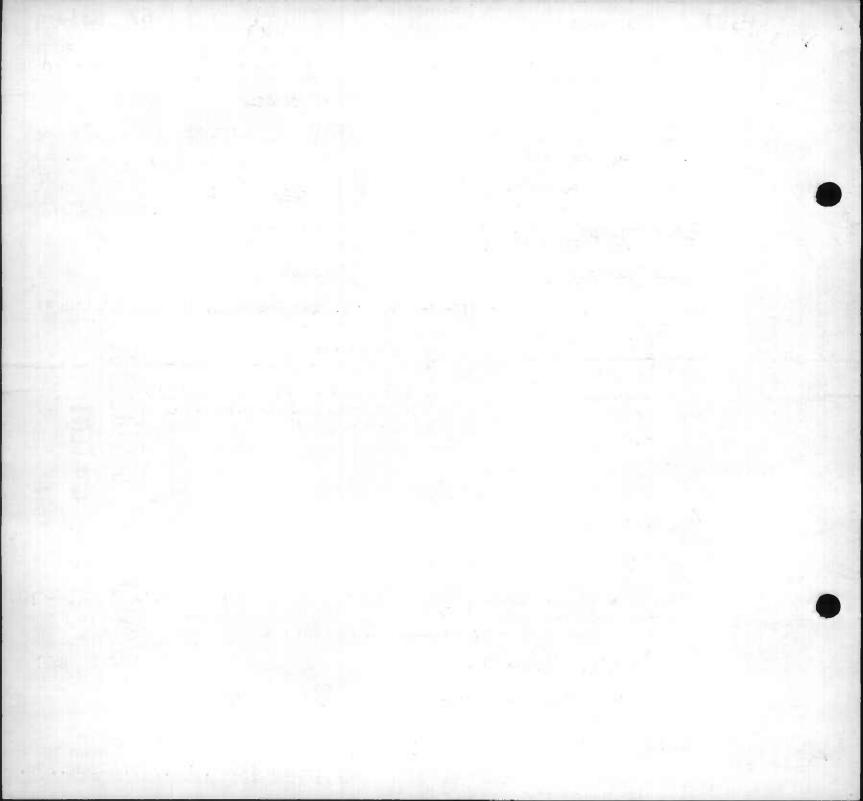


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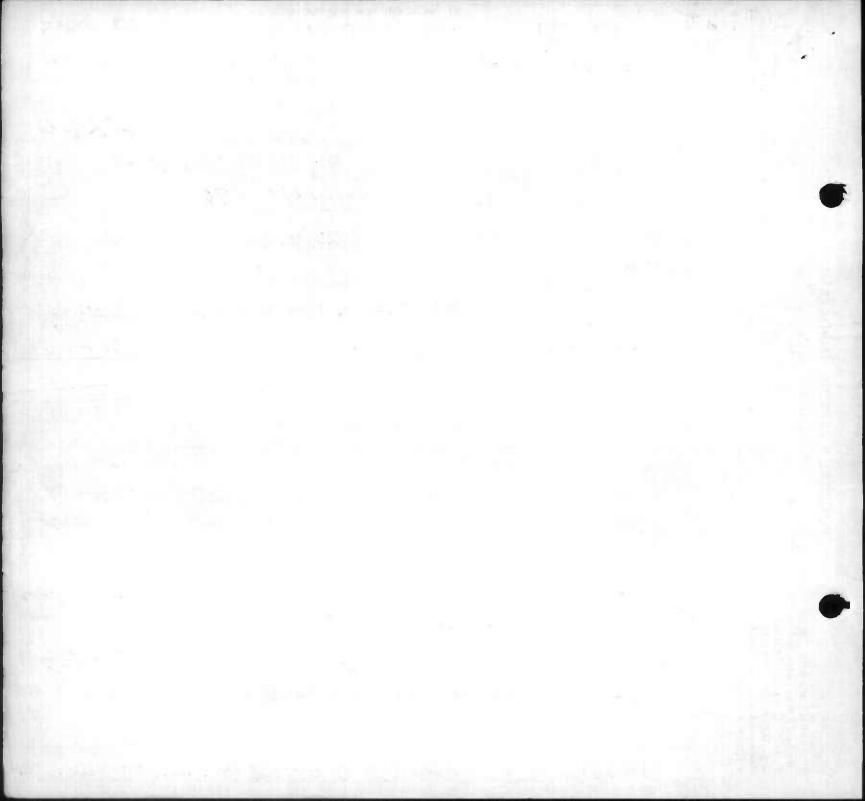
FUNERAL DIRECTOR:



IMPORTANT DIRECTOR: FUNERAL USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) If Under 24 Hrs. Haurs 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS 213 Sudbrook Lane #8 ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (our) apinian death occurred an the date 23B. DATE SIGNED (City, town, ar county) ADDRESS Levinson & Bros. Inc., 6010 Reist., Rd.



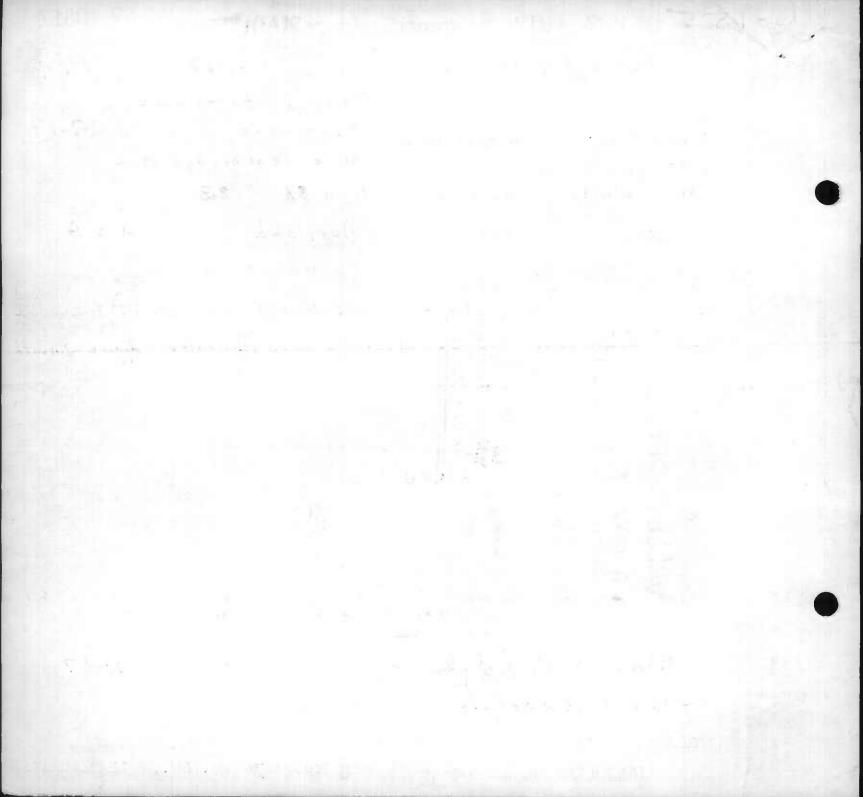
1				BA	LTIMORE CITY	HEALTH	DEPARTMENT	Т				
BAH NO		67	0815	CE	RTIFICA	TEO	F DEATH	H Re	gistered Na.	-6	7	-0815
1. NAME (Type or	OF DECEAS	ED	J.	0000	,		2. DATE	AND HO	UR OF DEATH			011
		EDIVA		EPOR	/			22/	6 /		6	M
. PLACE	E OF DEATH	IN BALTIMORI	, MARYLAND			A. STAT	E B. CO	Where/dece OUNTY	eased lived. If i	institution; re	sidence	e before admission)
HOSPI	NAME OF TAL OR UTION	(If not in ho address or I	spital or instituti acation)	on, give street		C. CITY	Maryland OR TOWN (1	If outside ci	ity limits, write	RURAL and	J pive J	ownship)
4	2					D 6705	Baltimor	e	ive location)	ć	11	-20
	Sinai H	ospital				1	3600 Lab			Apt. H-	10	#15
5. SEX		RACE		IED, NEVER A			OF BIRTH	9. AGI	E (In years	If Under	1 Yr.	. If Under 24 Hrs.
Femi	ale	White		WED, DIVORD	,	( (	1-189	-	76	Months 12, CITI2		
		ing life, even if re		OF BUSINES.	S OK INDUSIKI	II, BIKIF	TILM CE (21016 OF	Toreign Cou	iniry)	WHA	AT COL	JNTRY?
How	sewife ERS NAME		Az	- Home		Ba	Ltimore HERS MAIDER	Maryl	and		USA	
	Selige	4						A				
5. Was I	Deceased Eve	in U. S. Arm	ed Forces?	1 6. SOCI	AL	Ro.		?			ADDRE	ESS
Yes, na ai	r unknown) (If	yes, give wor	or dates of servi	secu	RITY NO.							
No IB.	1/ 50	3 1		218-	22-23/	P DEATH	Jonas 1	Rappep	ort, 33	20 Fal	PATA	AL BETWEEN
	DISEASE O	OR CONDITIO	N DIRECTLY		0.1002 0	, .		. / .	1			AND DEATH
		ADING TO DE			(A) Ven	tricu	lar F	bril	lation		30	ann
			de of dying, neons the dise		DUE TO	************		••••••			,	
	y ar complic	colion which co	oused death.)		Myo	CAR	DIAL 3	ENF	ARCTIO	1	3	WRS
		TECEDENT CA			DUE TO		DIAL I		**************			>
			if any, giv (A) stating		(C) A8 (	OROI	VARY A	RTEN	ey DIS.	,	,	
UNI	DERLYING C	ONDITION 10:	sl.									
			NS CONTRIBU									
U 10A	DATE OF OP	NDITION CAUS	CONDITION F	OF WHICH OI	PERATION	120 A	AUTOPSY? (Yes o	v Noll 208	IF YES, WERE	FINDINGS	CONS	DERED
C ERTIFI	DATE OF O		S PERFORMED	ok willen o	LKATION		No		CERTIFYING CA	AUSES OF C	DEATH?	DEKED
OR C	ACCIDENT ON TRIBUTING THE Inotify me	WAS UNDERLY G CAUSE O dicol examiner	NG 🗌	21B. PLACE O hame, form, f etc.)	FINJURY (e.g., i octory, street, o	n or obout fice bldg.,	21 C. WHERE DI	D R?	(If in Baltimo	re City, give	exoct	location)
W or u		ionth) (Doy)	(Year) (Hour)	21E. INJURY	DCCURRED		21F. HOW DID	INJURY O	CCUR?			
5 0 1	NJURY ROX.)			While At	Not Whil At Work	e 🗌						
22. 1	certify tha	(1)(this has	spital) attende			Jan	1565	19	to De	en 2	5	19 67
			eased alive	0	au 22	19	67 and		- //			urred an the date
				- //	Marrie, Control of the Control of th		bady after dea	-				
1	SIGNATURE	2 10	1	_			/			23B, DAT	SIGN	ED
0	15U	Alvo	elet,	uso	M.D. Alle	ending D	Med. Director	Stoff Phys.		1/	5 2	767
	PHYSICIAN'S NAME IType	BERNA	RD R.S	HOCHE		680	4 Par	k He	ight a	ie, p	alp	\$015, MU
	IAL CREMA	TION, 24B. DA	TE 240	NAME of CI	EMETERY OF CRI	MATORY	240	D. LOCATIO	ON IC	ily, lown, o	r county	y) (Stote)
	vrial	1/2	3/67	Baltimo	re Hebre	U		Balt	inore. I	tarul as	nd	
		HEALTH DEPT.	25B. NAA	AE OF REGISTE	RAR	25C.	FUNERAL DIREC	TOR			ADI	DRESS
	JA	N 26 191	57 P.C.	J. 330	ander Mill	0 SQ	& Levinso	on & B	ros. In	2., 60	10 R	Reist., Rd
VS 150-R	EV. 1/1/65											



FUNERAL DIRECTOR: IMPORTANT	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	pital and
the body was released to the hospital by a medical examiner. Also, it the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 📉	Deceased A
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	e on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death.	ath. Such
written approval must be obtained before the remains are embalmed or final disposition is made.	>

	BAI	TIMORE CITY	HEALTH DEPARTMENT		0010
- 11	BIRTH NO. 67 US16 CE	RTIFICA	TE OF DEATH	Registered No.	67 0816
	M.E. CASE NO.  I, NAME OF DECEASED  Philip (SEA)		2. DATE AND	N 22, 1967	5-10 M
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where		tian: residence befare admission)
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR Oddress or location)		C. CITY OR TOWN (If outs	ide city limits, write RURA	AL and give township
		Tir	0 17 0 1 17 10 0	PE	27-17
	42 SINAI HOSP OF BALT.		4813 PA	eral, give lacofian) RK / FE/GH	IT AVE
	6. RACE W 7. MARRIED, NEVER M WIDOWED, DIVORC	ED (specify)	7-4-96	10	Under 1 Yr. If Under 24 Hrs. anths Doys Haurs Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS dane during most of working life, even if retired)	OR INDUSTRY	11. BIRTHPLACE (State or foreig	n caustry) 12	2. CHIZEN OF WHAT_COUNTRY?
	MANUSHAMMAN CUTTER MANAMANA	MANN	MANAMAMAMANA	LITHUANIA	USA
	MAYERZROJEN		14. MOTHER'S MAIDEN NAM		R. 1
	5. Was Deceased Ever in U. S. Armed Farces?  Yes, na or unknawn  (If yes, give war ar dates af service)   1 6. SOCIA	IL HTY NO.	17. INFORMANT	uu Ca	ADDRES 13 Park
	213-0	1-1911 CAUSE O	WIFE, HANN	IAH OTHE	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	Add			ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) 11/4	OCARDIAL I	NTAPCTION	MINUTES
	hearl failure, osthenia, etc. It meons the diseose, injury or complication which caused death,)	001 10		Or as '	- A to -
	ANTECEDENT CAUSES	(B) H/2/	TERIOSCLEPOTO PASCULAR	C CHKDIO-	60 YRS.
1	DISEASES OR CONDITIONS, if ony, giving		THICULAYE !	063	
	rise to the above couse (A) stating the UNDERLYING CONDITION lost.	(C)	***************************************		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ABETE	s Marirus		4 yrs.
	198. DATE OF OPERATION 198. CONDITION FOR WHICH OP	ERATION	20A. AUTOPSY? (Yes at Na)	208. IF YES, WERE FIND IN CERTIFYING CAUSES	DINGS CONSIDERED OF DEATH?
	U 21 A. ACCIDENT WAS UNDERLYING 21B, PLACE OF	INJURY (e.g., in ctary, street, af	ar about 21C. WHERE DID INJURY OCCUR?	(If in Baltimare Cit	ry, give exact lacation)
	21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY C		21F. HOW DID INJU	RY OCCUR?	
	(APPROX.) While At	Not While		1	
	22. I certify that (I) (this hospital) attended the deceas			96 to flex	22 1967.
	that (I) (we) last saw the deceased alive an fly way	1. "		t in (my) (quír) apinior	deoth occurred an the dote
	ond haur ond fram the couses stated above. (W (We) (di	d) (did nat) v	lew the body offer deoth.	23 8	3. DATE SIGNED
	Multan G James	M.D. Atte	ending Med. Director	Stoff Phys.	
	23C. PHYSICIAN'S NAME (Nee)		23D. ADDRESS	1 1 0	n
	THITTON LOWMAN	M.D.	4443 (Park	Aceps.	My 21215
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CE	METERY of CRE	MATORY 24D. LO	CATION (City, to	own, or county) (State)
	BURIAL 1/ 23/67 ANSHE 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTR	VESINA	25C. FUNERAL DIRECTOR	BALTIORE, MA	ADDRESS
	JAN 26 1967 R. C. L. &. Fo	Liber Filt	SOL LEVINSON &	BROS. INC.	6010 REISTERSTOWN
,	V\$ 150-REV. 1/1/65				

S 40 m - 5 56 5 7.4 Fr 7.5 Economic Vineral Mayrek Koron WAS WITHOUT SHILL TANK ACTEDIOLOGICAL MICELLANDIA DIFFERENCE MEZELVES hand of the state of in the same of the



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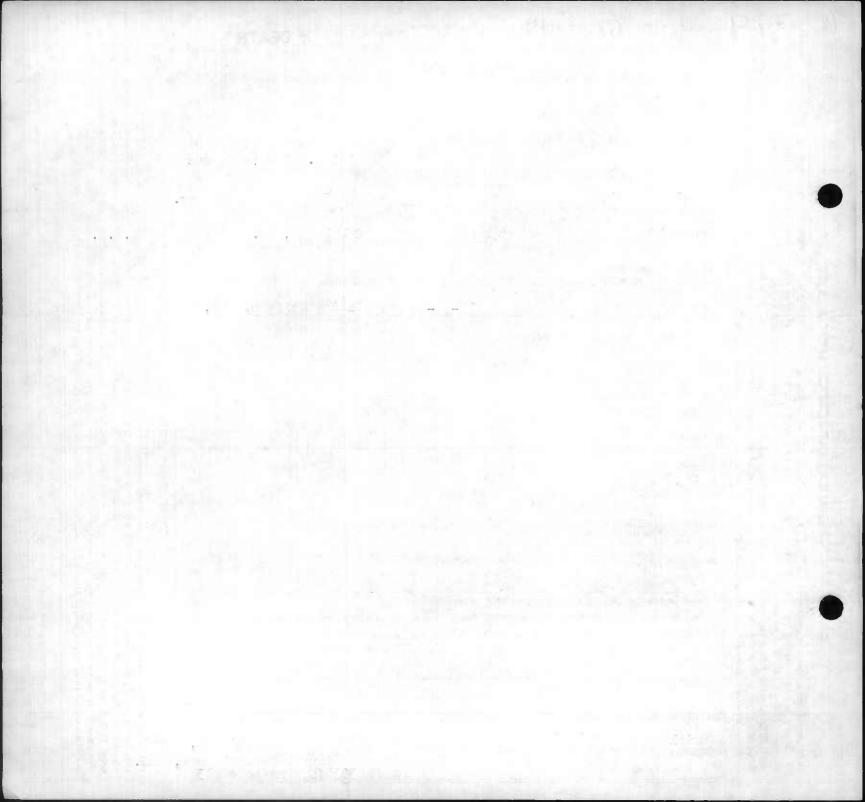
4	0040	BALTIMORE CITY	HEALTH DEPARTMENT		67	0010
0	BIRTH NO. 67 0818 M.E. CASE NO. Joseph Joseph	CERTIFICA	TE OF DEATH	Registered No.	07	0818
	(Type or Print) JAMES J. CLAI	RK	1.	-23-1967		10.10 E
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospital or institut	ion give street	A. STATE MARYLA		stitution: residen	ce before odmission)
	HOSPITAL OR oddress or locotion) INSTITUTION	ion, give sheet	c, city or town (If our 3235 KI	itside city limits, write I	RURAL ond give	township)
	33 JOHN HOPKINS HO	SPITAL	D. STREET ADDRESS (IF BALTIMO)	rurol, give locotion)		
		MARRIED  MARRIED  MARRIED	B. DATE OF BIRTH 9-4-1888	9. AGE (In years lost birthday)	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KINI done during most of working life, even if retired)  Machinist Helper Md.	Drydock Co.	Baltimore,		12, CITIZEN CO	OF OUNTRY?
L	JAMES CLARK		14. MOTHER'S MAIDEN NA	ME		
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of serving the serving that the	16, SOCIAL SECURITY NO.	17. INFORMANT Katherine Hu	ghes Clark		above
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, heart failure, asthenio, etc. It means the dise injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, givise to the above couse (A) stating UNDERLYING CONDITION last.	DUE TO ving	Acute Myoca Chronic Cu	ndial info	ONSE	LAND DEATH  O CHANGE  Comme
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION F		20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE	FINDINGS CON	SIDERED
	19A. DATE OF OPERATION 19B. CONDITION FWAS PERFORMED		yer	IN CERTIFYING CA	USES OF DEATH	H?
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exo	ct location)
	21 D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED  While At Not While Work  Not Work	21F. HOW DID IN.	IURY OCCUR?		
	22. I certify that (1) (this haspital) attend that (1) (we) lost saw the deceased alive and hour and fram the causes stated above 23A. SIGNATURE	on 10:05 PM 1	23 19 67 ond the	nat in (my) (our) api	nion death oc	
5000	23C. PHYSICIAN'S NAME (Type) TAH-HSILING,	Hsu M.D.	The Johns	Hopkins.	1/2.	3/67tal.
		C. NAME of CEMETERY of CRI Baltimore Nati		altimore,	Md.	inty) (Stote)
		ME OF REGISTRAR	Schimunek 3331 Br	Funeral Ho ehms Lane	me, Inc	DDRESS C •

Acute myradul suporu 10 Me Areni lang diseau films 9. Est. 18 Lac. 19. 744-HSI com 1 HS ..

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the 🕜 This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

Such

			BALTIMORE CITY	HEALTH DEPARTMENT		0010
BIRTH NO. M.E. CASE NO.	67 08:		CERTIFICA	TE OF DEATH	Registered No.	67 0819
1. NAME OF DE (Type or Print)	CEASED ALM	aha	KELIEN	2. DATE	AND HOUR OF DEATH	7 1 18 95
3. PLACE OF DE	EATH IN BALTIMORE, MA	RYLAND	ACCOUNT.	4. USUAL RESIDENCE (	Where deceased lived, if in	istitution: residence before admission)
F1111 N1414F	or at the best			Maryland	JUNIT	
FULL NAME HOSPITAL OR			give street		l outside city limits, write	RURAL and give township)
INSTITUTION	Theee.	,		Baltimore		6-01
27	Mora	7		D. STREET ADDRESS	(If wool, give location)	0 01
01	/			711 N. Lin	wood Avenue	#5
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 His. Months Days Hours Min.
female	white	wodowe	D, DIVORCED (specify)	1/28/1888	lost birthday)	Months Days Hours Min.
IOA. USUAL OC	CUPATION (Give kind of wor			11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF
	of working life, even if retired)			В		WHAT COUNTRY?
Housewif		at	nome	Bal timore, 1	Md.	U.S.A.
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN	NAME	
Thomas D	Oudrow			Unknown		
15. Was Decease	od Ever in U. S. Armed For	rces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	, , , , , , , , , , , , , , , , , , ,			William Make	won son let	1. Oplanidas Dand 1179
18.			217-54-2299 CAUSE 0		well, soll, 1991	Uakridge Road #18
17	ASE OR CONDITION DI	DECTIV		A	11 0 11	ONSET AND DEATH
Disc	LEADING TO DEATH	KECILI	(")	Spettopp	that treat	uso, I was
	not mean the mode of		DUE TO		4000	
	, osthenio, etc. It meons implication which caused		0.			~ ~
	ANTECEDENT CAUSES		(B)	remomas	losvs	1241.
DISEASES			DUE TO			1
	OR CONDITIONS, if he obove couse (A)		(C)			
	IG CONDITION lost.		***************************************		00 00 00 00 00 00 01 00 00 00 00 00 00 0	
7	11					
	NIFICANT CONDITIONS C DEATH BUT NOT RELA					
A DISEASE OF	R CONDITION CAUSING	IT.		100 4	N. V. 000	
19A. DATE C	OF OPERATION 198. CON WAS PER	FORMED	WHICH OPERATION	20A. AUTOPSY? (Tes of	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
U 21A. ACCID	ENT WAS UNDERLYING	218	PLACE OF INJURY (e.g., i	or about 21 C. WHERE DI	O (If in Baltimor	e City, give exact location)
& DEATH (noti	fy medical examiner	So etc.		fice bldg., INJURY OCCUR	tr	
21 D. ΠΜΕ	(Month) (Doy) (Year)		INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
OF INJURY			ile At Not Whil	е		
		Wo				
22. I certif	y that (I) (this hospita	l) attended t	he deceased fram		19ta	19
that (1) (we	a) last saw the decease	ed alive an	1/23	19 67 and	that in (my) (aur) opi	infan death accurred an the date
and haur a	nd fram the causes sta	ted abave. (	1) (We) (did) (did not) ~	iew the bady after dea	th.	
23/A. SIONAT						23B. DATE/SIGNED
1	1 + 1500 L	1 2	M.D. Atte	ending Med.	Stoff P	1 2 /2 7
23C. PHYSICI	LANS TO	408	Phy Phy	s. Director 23D. ADDRESS	Phy s.	11/2/64
NAME	(Type)			TOP ADDRESS		/- /
24A. BURIAL CR	EMATION, 248. DATE	24C N	M.D.	MATORY	LOCATION	ity town as country.
REMOVAL	(Specify)		MANUEL OF CENTREER OF CRI	241	LOCATION (C	ity, town, or county) (Stote)
Burial	1/26/6		oudon Park Cem		Baltimore, Ma	aryland
25A. DATE REC'	D BY HEALTH DEPT.	258 NAME (	OF REGISTIES	Schiminek	Tuneral Home,	Inc.
	JAN 26 1967	1 Oloson	S C Addison	0 3331 Brehms	Lane #13	mad v
VS 150-REV. 1/1	/65					



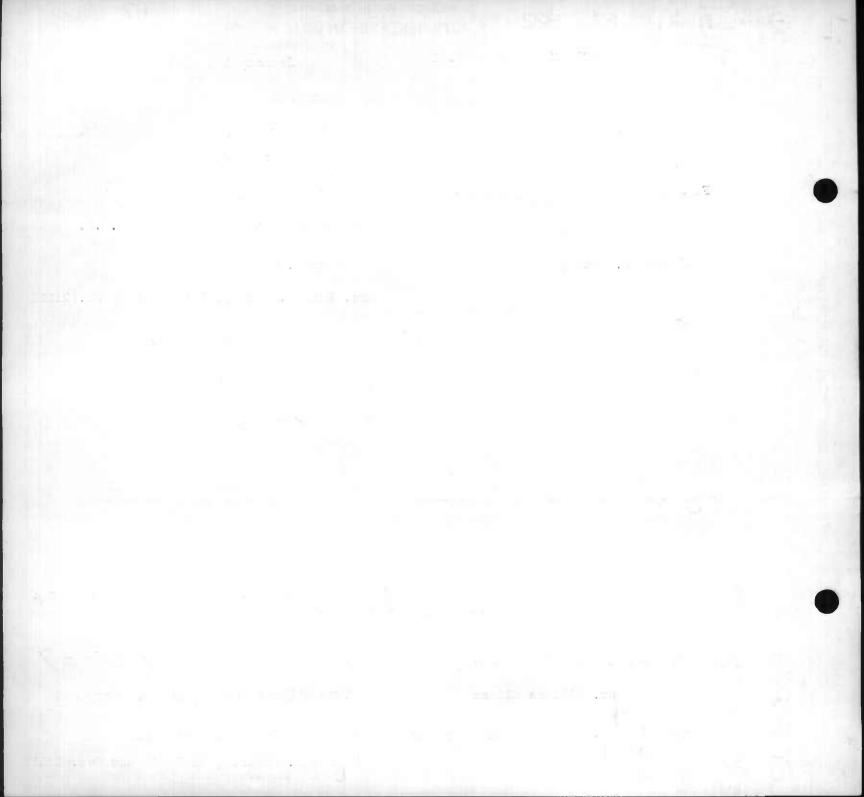
FUNERAL DIRECTOR: IMPORTANT	FUNERAL DIRECTOR: IMPORTANT	R-
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospit body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of vs. (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) De D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance assed prior to death); and (6) No physician was in regular attendance on the deceased prior to death ten approval must be obtained before the remains are embalmed or final disposition is made.	sed the coch

0000	BALTIMORE CITY	HEALTH DEPARTMENT		67 0820
BIRTH NO. 67 0820	CERTIFICA	TE OF DEATH	Registered No	07 0000
M.E. CASE NO.			HOUR OF DEATH	
(Type or Print) -	Sr.	1/2 3	167 10:33	0
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If in:	stitution: residence before odmission)
		A. STATE B. COUNTY	1. 0	
FULL NAME OF (If not in hospital or instit HOSPITAL OR address or location)	ution, give street	Mary	and	URAL and give township)
INSTITUTION		- n-+1.7	0	OKAL and give township)
TOHN'S HOPKINS HOSPI	THY	D. STREET ADDRESS (All ru	ol, give location	3, 9
33	.,, 0	14/17-6		un St
5. SEX   6. RACE   7. MA	RRIED, NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years	, , , , , , , , , , , , , , , , , , , ,
	DOWED, DIVORCED (specify)		st birthdoy	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KI	MAD OF BUSINESS OF INDUSTRY	11 BARTHPLA/CE (State or foreign	// '	12. CITIZEN OF
done during most of working life, even if retired)		Czechoslovak		WHAT COUNTRY?
Tavern-retired Own	n Business	Czecnosiovak	La	U.S.A.
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAME		
anton Ku	sek	anna		
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of se	218-18-4600	Maru Frohn	daht 282	26 E. Madison S
10	CAUSE 0		agire.	INTERVAL BETWEEN
33/	CAUSE O	PULAIR		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	MA	NAG ARRIVE		
(This does not mean the made of dying,	e.g., DUE TO	DIAC MIREST		
heort failure, asthenia, etc. It means the di- injury or complication which caused death.				
ANTECEDENT CAUSES	(B) ProfA	BLE CUA		
DISEASES OR CONDITIONS, if ony,	DOE 10			
rise to the obave couse (A) stoling	g the (C)	perfension		
UNDERLYING CONDITION last.				
Z 11				
O THE DEATH BUT NOT RELATED T				
A DISEASE OR CONDITION CAUSING II.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208 IF YES WERE	INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		Men.	IN CERTIFYING CAL	ISES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	fice bleg., INJURY OCCUR?		,,
U				
OF INJURY (Month) (Doy) (Year) (Hour		21F. HOW DID INJUI	RY OCCUR?	
(APPROX)	While At Not While Work At Work	e		
22. I certify that (I) (this haspital) otter	ided the deceased from	1/23 19	6.7. to	1/23 19 87
that (I)((we))lost saw the deceased aliv	./>-	/ /	1	nion death occurred on the dot
and haur and fram the couses stated obc	E EL	/	0	
23A, SIGNATURE	3 va. (17 (0.07)(010)(010 1101) v	tew the budy unter death.		23 B, DATE SIGNED
1 11 181			off	11
Degree V. Duplier	Phy	s. Director Pl	hy s.	123(6)
23C. PHYSICIAN'S NAME (Type)		1/	11	
KENNETH L. BRILLHAM	M.D.	JOHNS HOPKINS 1	tospITAL -	OSLER SEXULE
24A. BURIAL CREMATION, 24B. DATE / REMOVAL (Specify)	24C. NAME of CEMETERY of CRI			y, town, or county) (Stote)
Burial 1/27/67	Holy Redeemer	Cemetery Ba	ltimore,	Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	Schimunek F	unarel II	ADDRESS
IAN 98 1067 10	Q Fo & Failwar	0 02601 E. M	adison St	me, Inc.
VS 150-REV. 1/1/65	Read of Street, and	1 0-43- 2. 0.		-

But -

M.E. CASE NO.							
Type or Print	ECEASED				2. DATE AND	HOUR PRONOUNCE	
		Joseph L	Svobada Svo	boda )		1/20,	/67 8:06 p.
3. PLACE IN BA	LTIMORE, MARY	LAND, WHERE PRONC	UNCED DEAD	4. USUAL RESID	EN CE (Where d	eceosed lived. If insti B. COU	itution: residence before odmission)
					ryland		ltimore ()
FULL NAME OF HOSPITAL OR	ADDRESS	N HOSPITAL OR INSTI OR LOCATION)	TUTION, GIVE STREET	C. CITY OR TO	WN (If outside	corporate limits, write	RURAL and give township)
NSTITUTION					* 12 -4 19-4 -4 A	Wall - L	50 No
-				D. STREET ADD		ive locotion)	point
1	Oddan II-			D. SIREE! ADD			C+ # 03.004
The F		spitals				. Baltimore	
5. SEX	6. RACE		DIVORCED (specify)	B. DATE OF BIRT	н	9. AGE (In years lost birthdoy)	Months, Doys, Hours, Min.
male	white		Married	July 2	0.1907	59	
OA. USUAL OC	CUPATION (Give		OF BUSINESS OR INDUST			country)	12. CITIZEN OF
done during most o	of working lite, ever	if retired)					WHAT COUNTRY?
Steel	Straigh	atener Arm	co Metal Co		timore	, Md.	U. 3. A.
3. FATHER'S NA	WF -			14. MOTHER'S M	IAIDEN NAME		
1	Antone S	ebode V			Mary I	Assv	
5. WAS DECEAS	SED EVER IN U.	S. ARMED FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS
	vn/til yes, give v	vor or dotes or service:					
Yes	W.	W 11	216-05-480	100	A, SVe	poda	Same.
1B. 5	124		CAUS	E OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR COND	ITION DIRECTLY					ONSE! AND DEATH
	LEADING T		Multi	ple injuri	es		
(This does	not mean the	mode of dying, e.g. It meons the disease	DUE TO	F			
injury or c	complication which	h coused deoth.)					
							-
	ANTECEDENT		(B)				
		DNS, IF ANY, GIVING USE (A) STATING THE		0 m 0 <del>0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</del>			***************************************
	ING CONDITIO						
Z			(C)				
2	II.						
OTHER SI		IDITIONS CONTRIBUT					
DISEASE	OR CONDITION	NOT RELATED TO	THE				
-		19B. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY	(? (Yes or No) 2	OB. IF YES. WERE FIR	NDINGS CONSIDERED
Ö		WAS PERFORMED		2011111111111		N CERTIFYING CAUS	
_ ~	IAL CAUSE WA	2	DI ACE OF INITIAL	ye		yes	
UNDERLYING	XOR CONTRIB.	hon	PLACE OF INJURY (e.g., ne, farm, foctory, street,	office bldg., INJUR	Y OCCUR?	in Baltimore City, gi	ve exact location)
UTING CA	USE OF DEATH	etc.	street			Point Rd.	near Conley St.
21D TIME	(Month) (D	ay) (Year) (Hour)	21 E. INJURY OCCURRED		OW DID INJUR		
OF INJURY							
(APPROX.)	1 20	67 7:55p _m	WORK AT	WHILE X PE	destriar	struck by	car
22.					1.1		
I ce	ertity that I he	ld an Inquiry	Inspection A	utapsy X an	d that on this	basis, death in m	ny apintan
ras	ulted fram: No	atural causes	Accident X Suici	de Hamic	ide Ur	ndetermined manne	er
				- CHIEF M	EDICAL EXA	MINER	
ACTU	AL A	Bruch 1.	71/				DATE SIGNED
SIGNA		my h.		D. ASSISTANT M			- 10- 16-
	INER'S We (Type)	erner U. Spi	tzk M.D.	ASSOCIATE A	EDICAL EX	AMINER	1/21/67
23A, BURIAL CE	REMATION, 23B	DATE	3C. NAME of CEMETERY	or CREMATORY	23 D. LO	CATION (City,	, town, or county) (Stote)
REMOVAL (Spec		25 -67.	Roll timore	Setione?	Comete	ry 5501 F	rederick Ave.
Buria	D BY HEALTH D		OF REGISTRAR			A COOT I	ADDBAL TO MO
MAN, DATE REC	D DI HEALIN L	245, NAM	L OF REGISTRAK	24C. FUNER	AL DIRECTOR	901 8.	Conkling St.
	1 1 1 1 0 0	1007 00	e a Toller	000	1 1.0		
	JAN 26	190/ U/ Con	D.E. Mankay.	Cheve	1. A Jule	y Balto.	, 21224 , Md.

	AME OF DECEASED	MARGARET	ELLEN	MURPHY	January 24,		
3. PI	LACE OF DEATH IN	BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Where deceased liv		ice before odmissi
H	OSPITAL OR NSTITUTION	(If not in hospital oddress or location	n)	give street	A. STATE B. COUNTY  Maryland  C. CITY OR TOWN (If outside city limits  Baltimore	s, write RURAL and give	township)
	$OO^{262}$	27 Dulaney	Street		D. STREET ADDRESS (If turol, give local 2627 Dulaney Stre		
F 51		ite	7. MARRIED, WIDOWED S1	NEVER MARRIED  , DIVORCED (specify)  ngle	8. DATE OF BIRTH 9. AGE (In ye lost birthdoy) 4-10-1948 18		If Under 24 I Hours Min
	USUAL OCCUPATION during most of working		10B. KIND OF	BUSINESS OR INDUSTR	Baltimore, Maryland		OUNTRY?
3. F	Joseph R.	, Murphy	1		14. MOTHER'S MAIDEN NAME Ruth A. Vance		
5. V	Vos Deceosed Ever in	U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADI	ORESS
. 63	, or onknown/iii yes	s, Aire was as gole	.a of service)	SECURIT NO.	Mrs. Ruth A. Murphy, 2	2627 Dulaney	St. 21223
	18. 3 3 4	CONDITION DIE	DECTI V		OF DEATH	ONS	RVAL BETWEEN ET AND DEATH
	(This does not me heart failure, asther injury or complication	nio, etc. It meons on which coused CEDENT CAUSES	the diseose, deoth.)	DUE TO	bor precision	ia,	
TION	heori foilure, osther injury or complication.  ANTEC DISEASES OR COrise to the obounDERLYING CONTINUE	on the mode of nio, etc. It means on which coused CEDENT CAUSES DNDITIONS, if we couse (A) NDITION tost.	the disease, death.)  ony, giving stoling the	(C) OUE TO	bor precision.  rebiel polog	Ea.	
RTIFICATION	heori foilure, osther injury or complication.  ANTEC DISEASES OR COrise to the obounderLying Condition.	on the mode of nio, etc. It meons on which coused CEDENT CAUSES ONDITIONS, if we couse (A) NDITION tost.  IT CONDITIONS CAUSING IT TOON CAUSING ITON	the disease, death.)  ony, giving stoling the CONTRIBUTING TO THIS.	(C) OUE TO	rebisl polsy	, WERE FINDINGS COPING CAUSES OF DEAT	NSIDERED H?
AL CERTIFIC	heori foilure, osther injury or complication.  ANTEC DISEASES OR COrise to the obounderLying Condition.  OTHER SIGNIFICAN TO THE DEATH DISEASE OR COND	on the mode of nio, etc. It means on which coused CEDENT CAUSES DNDITIONS, if we couse (A) NDITION tost.  I CONDITIONS COUSE TO CAUSING TO THE AUTON CAUSING TO THE AUTON CAUSING TO THE AUTON CAUSE OF CAUSE OF	the disease, death.)  ony, giving sloting the CONTRIBUTING TO THIT.  IDITION FOR VERNED  218.	OUE TO (C)  OUE TO (C)  PLACE OF INJURY (e.g. e. lorm, factory, street,	20A. AUTOPSY? (Yes or No) 20B. IF YES IN CERTIFY		
DICAL CERTIFIC	heori foilure, osther injury or complication.  ANTEC DISEASES OR COMISE TO THE OBOUNDERLYING COMMITTED THE DEATH DISEASE OR COND TO THE DEATH OR CONTRIBUTING DEATH (notily medic	on the mode of nio, etc. It means on which coused CEDENT CAUSES DNDITIONS, if we couse (A) NDITION tost.  I CONDITIONS COUSE TO CAUSING TO THE AUTON CAUSING TO THE AUTON CAUSING TO THE AUTON CAUSE OF CAUSE OF	ony, giving sloting the CONTRIBUTING ATED TO THIT.  CONTRIBUTING TO THIT.  CONTRIBUTING ATED TO THE THIT.  CONTRIBUTION FOR A THIT.  CONTRIBUTION FO	PLACE OF INJURY (e.g. e, lorm, factory, street,	20A-AUTOPSY? (Yes or No) 20B. IF YES IN CERTIFY!  in or obout office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	, WERE FINDINGS COI ING CAUSES OF DEAT Boltimore City, give exc	
MEDICAL CERTIFIC	heori foilure, osther injury or complication.  ANTEC DISEASES OR COrise to the oboun DERLYING CONTOURS OF CONDITION OF CONTOURS OF CONDITION OF CONTRIBUTING DEATH (notily medic of INJURY (APPROX.)  21. I certify that (that (I) (we) lost to complication of the contours o	on the mode of nio, etc. It means on which coused CEDENT CAUSES ONDITIONS, if we couse (A) NDITION to st.  I CONDITIONS CAUSING ATTON CAUSING ATTON TREATION TO SELECT ON THE CAUSE OF	ony, giving stoling the CONTRIBUTING TO THIT.  IT.  IHour) 21E. White word was a stolenged to the stolenged	DUE TO (C)  PLACE OF INJURY (e.g. e, lorm, factory, street,  INJURY OCCURRED the At Wo	20A. AUTOPSY? (Yes or No) 20B. IF YES IN CERTIFY!  JOHN DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  AUTOPSY? (Yes or No) 20B. IF YES IN CERTIFY!  IN CERTIFY!  21F. HOW DID INJURY OCCUR?	WERE FINDINGS COPING CAUSES OF DEAT  Bollimore City, give exc	oct locotion)
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MEDICAL CERTIFIC	heort foilure, osther injury or complication.  ANTEC DISEASES OR COrise to the oboun DERLYING CONTRIBUTING TO THE DEATH DISEASE OR COND 19 A. DATE OF OPER.  21 A. ACCIDENT WAR OR CONTRIBUTING DEATH (notily medic per injury (APPROX.)  22. I certify that (that (i) (we) lost and haur and fram	on the mode of nio, etc. It means on which coused EDENT CAUSES DIDITIONS, if we couse (A) NDITION fost.  IT CONDITIONS COUST NOT RELATION CAUSING ATION 19B. CON WAS PER (S) UNDERLYING CAUSE OF of examiner)  It) (this haspitols saw the decease the causes started of the couses started of the causes of the causes started of the causes of the	ony, giving stoling the CONTRIBUTION for the transfer of the t	PLACE OF INJURY (e.g., e, lorm, factory, street,  INJURY OCCURRED  ile A1	20A-AUTOPSY? (Yes or No) 20B. IF YES IN CERTIFY!  In or obout 21C. WHERE DID (If in office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  And that in (my) (control of the property of the bady after death.  Attending Med. Stoff Phys. 223D. ADDRESS  2030 Wilkens Avenue	Januar 2  pur) aplnian death ac	3 196; coursed on the SNED 7



	67 0823		BALTIMORE CITY HEAL	TH DEPARTMENT	X	67	0022
BIR	TH NO. MEDI	CAL EX	(AMINER'S CI	ERTIFICATE OF D	EATH Register	red No	0020
M.	E CASE NO.						
1. 1 (Tv	NAME OF DECEASED			2. DATE AND	HOUR PRONOUNCE	D DEAD	
	MARY F.		DAVIS	Janua	ry 24, 1967	1	4:40 PM.
3. 1	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOL	UNCED DEAD	4. USUAL RESIDENCE (Where of	eceosed lived. If insti B. COU	tution: residence	before odmission)
FUI	LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	Maryland c. city or town (If outside		(2)	ve township)
INS	TITUTION	1110147				1-	
	St. Agnes Hosp	oital		Baltimore D. STREET ADDRESS (If rurol,	nive Incotion)	0	3-00
	HO ST. IIII			1924 Hannal			
5. 5	SEX 6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH		If Under 1 Yr	. If Under 24 Hrs.
	Female White	widowed, Mar	DIVORCED(specify)	9-16-29	9. AGE (In years lost birthdoy) 37	Months Doys	
don	usual occupation (Give kind of work during most of working life, even if retired)  Waitress	TOB, KIND OI	F BUSINESS OR INDUSTRY	Maryland	country)	12. CITIZEN O	
13.	Waitress FATHERS NAME			14. MOTHER'S MAIDEN NAME			
	John A. Jones			Bertha Davis	3		
	WAS DECEASED EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
l e	s, no or unknown, kir yes, give wor or age	s of service)	215-24-7765	Mr. Herbert A. I	Davis, 1924	Hannah .	Ave. 2122
	18. 4 22 1		CAUSE	OF DEATH			ERVAL BETWEEN
	DISEASE OR CONDITION DI	RECTLY					
	LEADING TO DEATH (This does not meen the mode of		Arterio	sclerotic Cardio	vascular Di	sease	
	heart foilure, osthenio, etc. It means injury or complication which caused	the disease,	DUE TO				
	ANTECEDENT CAUSES		(B)	***************************************			00000vowau4u+0aa00+000uu4w
	DISEASES OR CONDITIONS, IF A	TATING THE	DUE TO				
z	UNDERLYING CONDITION LAST.		(C)	»×××××××××××××××××××××××××××××××××××××			
CERTIFICATION	II.						
X	OTHER SIGNIFICANT CONDITIONS						
並	TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING		HE	***************************************			
ERI			WHICH OPERATION	20A. AUTOPSY? (Yes or No)			
O	2 WAS PERI	FORMED		Yes	N CERTIFYING CAUS	ES OF DEATH?	Yes
N	21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21 B.	PLACE OF INJURY (e.g., i	ffice bldg., INJURY OCCUR?	in Boltimore City, giv	re exact location	a)
EDIC,	UTING CAUSE OF DEATH.	etc.)	, 10111, 1001017, 011001, 0	moo stage, mook! Occok.			
Σ	21D TIME (Month) (Doy) (Yeor	) (Hour) 2	TE. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
	OF INJURY (APPROX.)	m. V	WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE ORK			
	22. I certify that I held an I	nauley 🗀	Increasion Aut	and that an this	bosis, deoth in m		
	resulted from: Natural cau	uses [X]	Accident Suicide		ndetermined manne	or	
	ACTUAL A	1	1/.	CHIEF MEDICAL EXA		D	ATE SIGNED
	SIGNATURE U	1 line	M.D.	ASSISTANT MEDICAL EXA			
	EXAMINER'S Rudiger	Breiten	necker / M.D.	ASSOCIATE MEDICAL EX	AMINER	1	/25/67
23 4	BURIAL CREMATION, 23B. DATE		C. NAME of CEMETERY o	CREMATORY 23D. 10	CATION (City,	town, or county	
	MOVAL (Specify) 1-27-1	067					
0.4	burial		Loudon Park Ce		1 Frederick		
241	A. DATE REC'D BY HEALTH DEPT.	Z4B, NAME	OF REGISTRAR	24C. FUNERAL DIRECTOR		ADDR	£22

JAN 26 1967 R. P. B. E. Farluna

Howard H. Hubbard, 4107 Wilkens Ave. 21229

[Router L)

Section Furth Committee

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M-3 0825

BALTIMORE CITY HEALTH DEPARTMENT

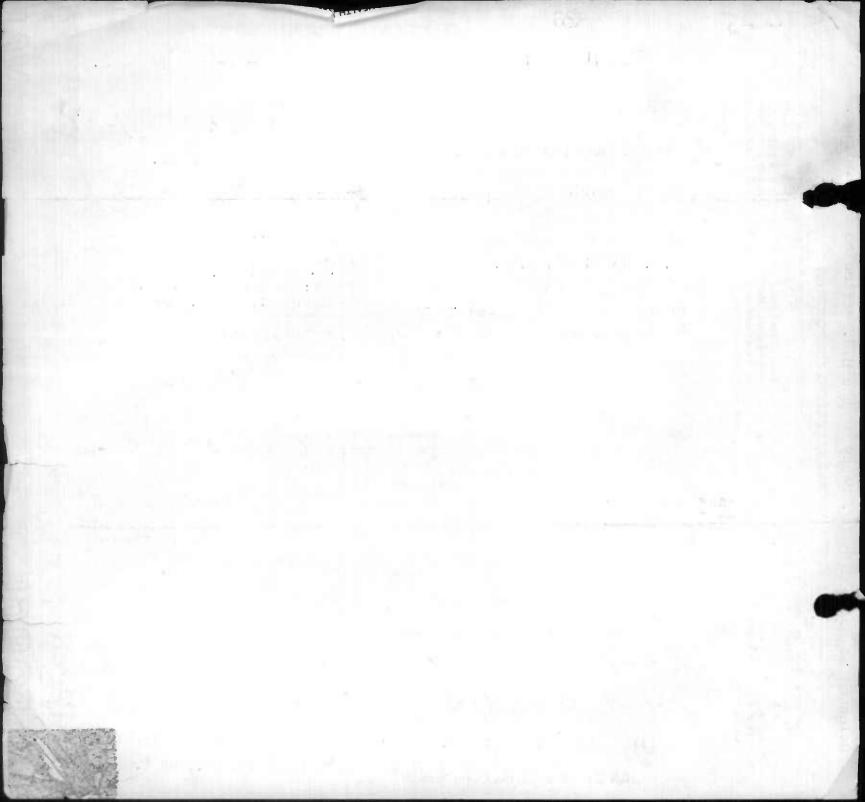
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered 8.2

7	0825

BIKIH NO.	MILD	CAL LAA	MIIIAEK 2 CI	CKIIIIC	AIL OF L	CA ILI Kegisi	ered 140	
M.E. CASE NO.								
1. NAME OF DE	WILLIAM		McGEOCH			ary 23, 196		7:06 A M.
	TIMORE, MARYLAND, W			A. STATE	esidence (Where )	deceased lived. If ins B. CO	titution: reside UNTY	ence before odmissian)
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTITUTION	N, GIVE STREET		town (If autside	carparate limits, writ	e RURAL and	give township)
Church	Home and Hos	pital			ADDRESS (If rural,			
5. SEX	6. RACE	7. MARRIED, NEV	FR MARRIED	B. DATE OF		wood Avenue		Yr, If Under 24 Hrs.
Male	White	Mari	RCED (specify)		1-1901	9. AGE (In years last birthdoy)	Manths D	Days Haurs Min.
	CUPATION (Give kind of world working life, even if retired)	had It	SINESS OR HIDUSTRY	t BIRTHPLA	CE (State or foreign	country)	12. CITIZEN WHAT	OF COUNTRY?
13. FATHER'S NA		ma wa	XX y critical	14. MOTHER	S MAIDEN NAME			
15 WAS DECEAS	ED EVER IN U.S. ARMED	FORCES? 116	SOCIAL	17. INFORMA	NT		ADDRESS	
	n) (If yes, give war ar date	s of service)	25-/2-4/53	mr.	^	he Heach		17 S. Kenw
18.			CAUSE	OF DEATH	5	- March		NTERVAL BETWEEN
DISEASES RISE TO THE UNDERLYI  OFF OTHER SIG	ANTECEDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) S' ING CONDITION LAST.  II GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	CONTRIBUTING	(B) DUE TO			\$		
19A. DATE O	OF OPERATION 198, CON WAS PER		CH OPERATION	20A. AUTO		208, IF YES, WERE F IN CERTIFYING CAU		
UNDERLYING	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	218. PLA( home, for etc.)	CE OF INJURY (e.g., im, factory, street, a	in or about 21 iffice bldg., IN	C. WHERE DID (	If in Baltimore City, (	give exact lac	otian)
21D TIME OF INJURY (APPROX.)	(Manth) (Doy) (Yeo	r) (Hour) 21E. I WHIL	E AT NOT W	WHILE	F. HOW DID INJU	RY OCCUR?		
22.	rtify that I held on I			opsy	ond that on thi	s bosis, death in	my opinion	
resu	olted from: Notural co	uses X Acci	dent Suicide	e Hos	micide U	Indetermined monr	ner 🗌	
	0/	/	1_	CHIE	F MEDICAL EX	AMINER _		DATE SIGNED
SIGNAT		2 les ) / E	us us		T MEDICAL EX			DATE SIGNED
EXAMI	NER'S	s S. Petty	1		E MEDICAL EX			1/23/67
23A. BURIAL CR REMOVAL (Speci	EMATION, 23B. DATE		and of CEMETERY of	ge Me	23 D. Lo	OCATION (City	y, tawn, or co	(State)
24A. DATE REC'E	D BY HEALTH DEPT.	248. NAME OF I	REGISTRAR		Peral Director	Hell		DDRESS 218
	LAN 9 6 1067	100 B	Q Fr. augus	The	one po	- I - com		Hudson,

We want to the term of the state of the stat

Dr D



JAN 26 1967

VS 150-REV. 1/1/65

25B. NAME OF REGISTRAR

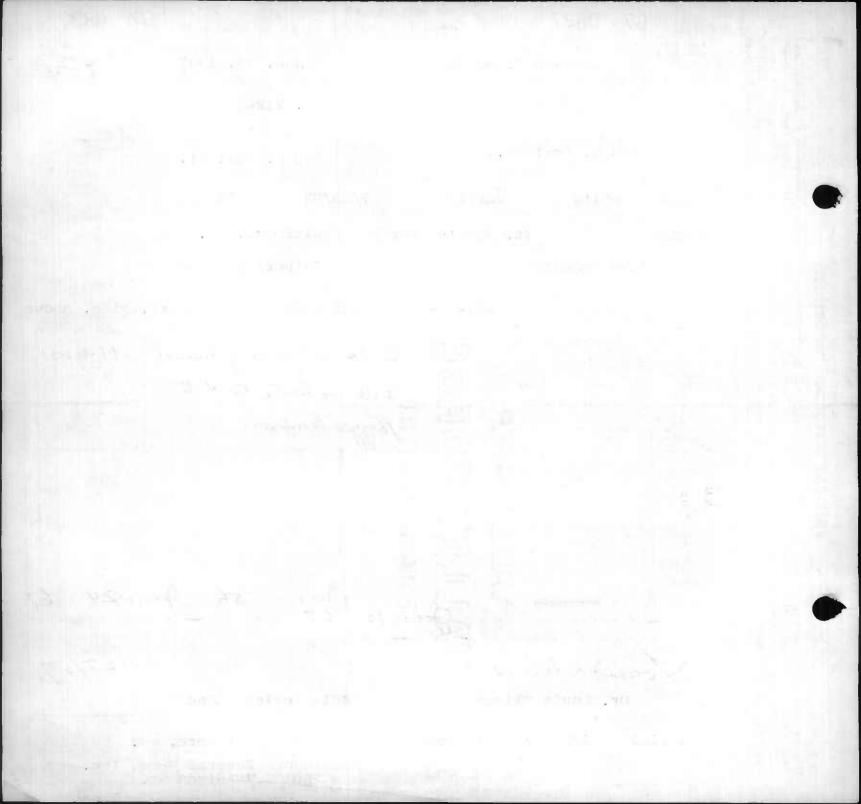
and

a hospital

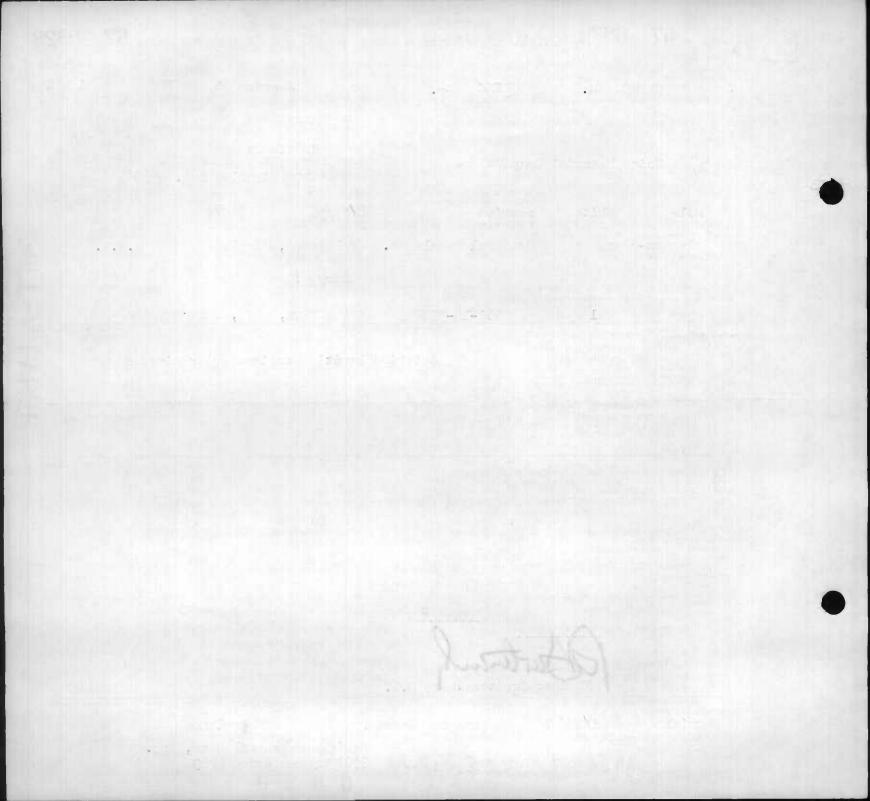
Type or Print)	BERNAR	D F. McGUIRK	Jan. 24, 1967	415 P.
PLACE OF DE	EATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceosed lived. If ins	stitution: residence before admissio
FULL NAME HOSPITAL OR INSTITUTION	oddress or locatio		Md. 21205  C. CITY OR TOWN (If outside city limits, write R  Baltimore	RURAL and give township)
00	625 N. Por	t St.,	625 N. Port St.	
- SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
male	white	married	7/25/82 84	
	CUPATION (Give kind of world f working life, even if retired)	St. John's Chure	1). BIRTHPLACE (State or foreign country)  1 Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NA	ME		14. MOTHER'S MAIDEN NAME	
	John McGuir	k	Catherine McGee	
	ed Ever in U. S. Armed For		17. INFORMANT	ADDRESS
		215-09-0604	Kunigunda Frank McGuir	k, wife, above
1B.//	0:11	CAUSE O		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DI	RECTLY		
	LEADING TO DEATH	(A) C	donary aftery diseas	e 11-erro.
	not mean the made of	dying, e.g., DUE TO	J	
heart failure	not meon the made of , asthenia, etc. It meons implication which caused	dying, e.g., DUE TO the disease, death.)	To the Cotto	7.
heart failure	, asthenia, etc. It means	dying, e.g., The disease, I death.)	ilenapolerate C. Y.D.	7,
hearl failure injury ar co	, asthenia, etc. It means implication which caused	dying, e.g., the disease, I death.)  (B)  DUE TO	ilenasolerate C. 4.D.	7
heart failure injury at ca DISEASES rise la 1	o, asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if he above cause (A)	dying, e.g., the disease, I death.)  (B)  DUE TO  ony, giving slating the	ilenasolerate C. 4.D.	?
heart failure injury at ca DISEASES rise la 1	o, asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if	dying, e.g., The disease, I death.)  (B)  DUE TO  ony, giving slating lie  (C)	oronary artery diséas iteriorderate C 4.D.	?
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DISEASES rise la I UNDERLYIN  OTHER SIGI TO THE DISEASE O 19A.DATE C 21A. ACCID OR CONTRI	o, asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if he abave cause (A) NG CONDITION last.	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIN CERTIFYING CAN	FINDINGS CONSIDERED
NOOLA STATE OF INJURY	o, asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if he abave cause (A) NG CONDITION last.	CONTRIBUTING ATED TO THE IT.  JUITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e.g., i hame, form, factory, street, o etc.)  (Hourl 21E. INJURY OCCURRED While At Not While	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CAI n or about 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	FINDINGS CONSIDERED USES OF DEATH?
DISEASES rise la 1 UNDERLYIN  OTHER SIGI TO THE DISEASE O  19A. DATE C  21A. ACCID OR CONTRI DEATH (noti	ANTECEDENT CAUSES OR CONDITIONS, if he abave cause (A) NG CONDITION last.  II NIFICANT CONDITIONS (DEATH BUT NOT RELATE CONDITION CAUSING OF OPERATION 19B. CONWAS PER ENT WAS UNDERLYING BUTING CAUSE OF (Month) (Doy) (Year)	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., i hame, form, factory, street, o etc.)  (Hourl 21E INJURY OCCURRED While At Not Whil At Work	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CAIN or about 21C. WHERE DID (If in Boltimore lidge, INJURY OCCUR?	FINDINGS CONSIDERED USES OF DEATH?
DISEASES rise to 1 UNDERLYIN  OTHER SIGN TO THE DISEASE OF TO THE DEATH (notice)  21A. ACCID OR CONTRI DEATH (notice) DEATH (notice)  22. I certification	ANTECEDENT CAUSES OR CONDITIONS, if he abave cause (A) NG CONDITION last.  INIFICANT CONDITIONS (B) ANTECEDENT CAUSING CONDITIONS (CAUSING CONDITION CAUSING CONDITION	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY(e.g., i hame, form, foctory, street, o etc.)  (Hourl 21E. INJURY OCCURRED While At Not Whil Work At Work	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CAN n or about 21C. WHERE DID (If in Boltimore bidgs, INJURY OCCUR?	FINDINGS CONSIDERED USES OF DEATH?  City, give exoct location)
DISEASES rise la I UNDERLYIN  OTHER SIG TO THE DISEASE O 19.A. ACCID OR CONTRI DEATH (not)  21.A. ACCID OF INJURY (APPROX.)  22. I certif that (1) (Max	ANTECEDENT CAUSES OR CONDITIONS, if he above cause (A) NG CONDITION last.  INTECENT CONDITIONS OF OPERATION O	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY(e.g., i hame, form, foctory, street, o etc.)  (Hourl 21E. INJURY OCCURRED While At Not Whil Work At Work	20A. AUTOPSY? (Yes or No!) 20B. IF YES, WERE IN CERTIFYING CAIN OF Obout 21C. WHERE DID (If in Boltimore lodge, INJURY OCCUR?	FINDINGS CONSIDERED USES OF DEATH?  City, give exoct location)  And 1967  Inlan death occurred on the d
DISEASES rise la I UNDERLYIN  OTHER SIG TO THE DISEASE O 19.A. ACCID OR CONTRI DEATH (not)  21.A. ACCID OF INJURY (APPROX.)  22. I certif that (1) (Max	ANTECEDENT CAUSES  OR CONDITIONS, if he above cause (A) NG CONDITION last.  II NIFICANT CONDITIONS CONDITION CAUSING OF OPERATION  ENT WAS UNDERLYING ENT WAS UNDERLYING (Month) (Doy) (Year)  If the time of the causes stand from the causes stand	CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e.g., i hame, form, factory, street, o etc.)  (Hourl 21E. INJURY OCCURRED While At Not While Work Not Work  1) attended the deceased fram ed alive an ted above. (1) (We) (did) (did )	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CAN n or obout 21C. WHERE DID (If in Boltimore INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  and that in(my) (***) apid riew the bady after death.	FINDINGS CONSIDERED USES OF DEATH?  City, give exoct location)

Schimunek Funeral Home, Inc.

ADDRESS



F-520	BALTIMORE CITY HEAL BIRTH NO. 67  M.E. CASE NO.  BALTIMORE CITY HEAL MEDICAL EXAMINER'S CI	ERTIFICATE OF DEATH Registered No. 67 0828
	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
	GEORGE W. FINK Sr.	January 25, 1967 3:21 A.  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
	S. FEACE IN BALLINGRE MARIEAND, WHERE PRONOUNCED BEAD	A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If autside carparate limits, write RURAL and give township)  Baltimore
	44 Union Memorial Hospital	D. STREET ADDRESS (If rural, give focation) 4374 Nicholas Ave. #6
•	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   WIDOWED, DIVORCED(specify)   Male   White   married	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min. 70
	OA. USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)  Salesman-clerk  National Supply Co.	WHAT COUNTRY?
	13. PATHEK'S NAME	Mary ?
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grunknown) (If yes, give war or dates of service)  TOO 1. 2008	Edith Fink, wife, above
	yes WW1 213-14-3228 A CAUSE	OF DEATH  ONSET AND DEATH
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	,
	MAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	in ar about 21C. WHERE DID (If in Baltimare City, give exact location) INJURY OCCUR?
	m. WORK LAT W	21F. HOW DID INJURY OCCUR? WHILE ORK
	22. I certify that I held on Inquiry Inspection R Autresulted from: Northcol couses X Accident Suicid	
	EYAMINED'S	CHIEF MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER X  ASSOCIATE MEDICAL EXAMINER
	NAME (Type) / Rudiger Breitenecker, M.D	. 1/25/67
	REMOVAL (Specify)  Burial    23B. Date   23C. NAME of CEMETERY of Parkwood Cemetery of Parkwo	
	JAN 26 1967 P. L. Falleury	\$24C, FUNERAL DIRECTOR Schimunek Funeral Home, Inc.
	VS 151-REV. 1/1/65	00000



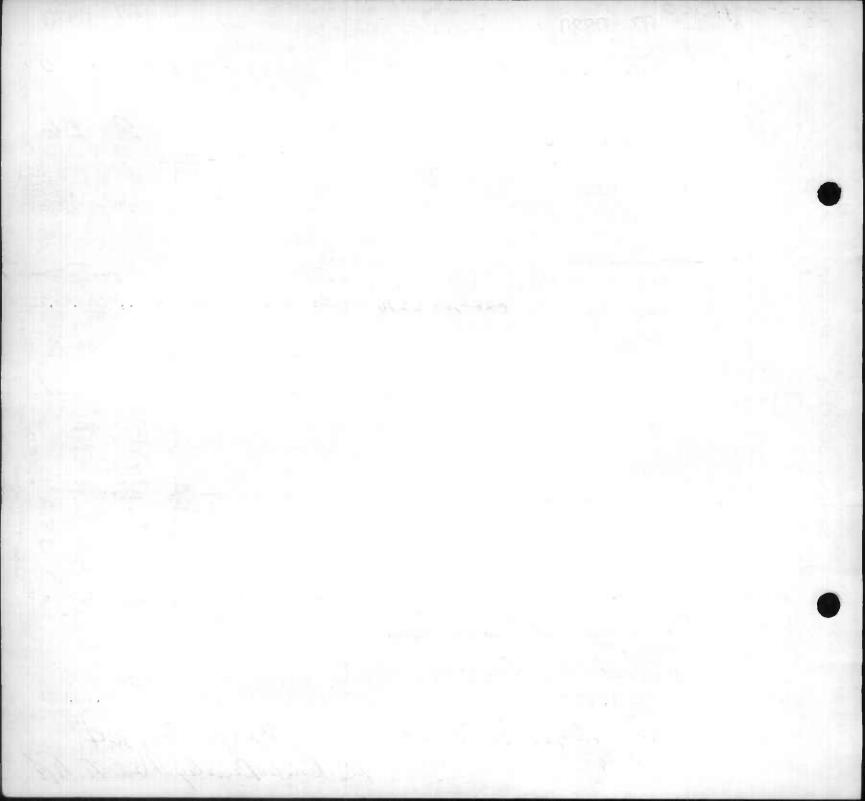
			BALTIMORE CITY	HEALTH DEPARTMENT	/	
BIRTH NO.	67 0829		CERTIFICA	TE OF DEATH	Registered Na	67 0829
N.E. CASE  1. NAME OF	DECEASED	ALST	ON	2. DATE AND	HOUR OF DEATH	640 A
3. PLACE O	F DEATH IN BALTIMORE, MA			4. USUAL RESIDENCE (Where	e deceosed lived. Il insti IY	itution: residence before admission
FULL NA HOSPITA INSTITUT	L OR oddross or location	or institution, (	givo street	MARY LA N	D	RAL ond givo lownship)
- 1		and t	los pital	SYKESUILL		56-00
3	3			D. STREET ADDRESS (III II	urol, give location)	
5. SEX	6. RACE		NEVER MARRIED D, DIVORCED (specily)	8. DATE OF BIRTH	ost birthdoy) Thirty	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
tem		SI	NGLE	1 1 30	38 3127-	
	OCCUPATION (Give kind of work nost of working life, even if retired)		5 . 1	North Carolin		12. CITIZEN OF WHAT COUNTRY?
Practi	cal Nark	Hos	PITAL			AMERICAN
13. FATHER Tep	sie Walston			14. MOTHER'S MAIDEN NAM Beulah	WiggIn	13
	ceased Ever in U. S. Armod Fore		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			246-38-2280	MRS. ROSA DIL	ers - Wes	tminster. MA
1B.	7 0 X I		CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIR LEADING TO DEATH	RECTLY	Me	factatic can	cinone al	9 4000 a
(This d	loes nat mean the made of ailure, asthenia, etc. It means	dying, e.g.,	DUE TO	ha static car intestines «	Afnia of	- Jewis
	ar camplication which caused			runesuues ~	Momade	9
	ANTECEDENT CAUSES		DUE TO	**************************************	100 8 W W W W MAN H Q PAN H PAN Q Q Q Q Q N Q Q Q Q Q Q Q Q Q Q Q Q Q	.00 w 0 w 1 w 1 d 0 0 v v v v v m 1 m 1 v v m 1 m 1 v v v m 1 d v v v v 0 0
	SES OR CONDITIONS, if a the abave cause (A)		CAR	CINOMH 1	BREASTS	
UNDER	RLYING CONDITION last.		000000000000000000000000000000000000000			***************************************
E TO TI	SIGNIFICANT CONDITIONS C HE DEATH BUT NOT RELA SE OR CONDITION CAUSING I	TED TO THE	G E		¥	
		DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED
OR COL	CCIDENT WAS UNDERLYING THE NORTH CONTRIBUTING CAUSE OF (notily medical examinar)	21 B. hom otc.)	e, lorm, loctory, street, ol	or obout 21C. WHERE DID	(II in Boltimoro (	City, give exect location)
21 D. TIA		(Hour) 21 E,	INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
E (APPRO		Whi	Not White			
22. 1 c	ertify that (I) (this hospital	) attended th	ne deceosed from	1/5/	967 10 1	121/ 1967
that (I)	(we) last saw the decease	d olive an	1/21/	19 67 and the	t in(my) (aur) apini	on death occurred on the do
and ha	ur and fram the causes stat	ed abave. (1	) (We) (dld) (did nat) v			
23A. SIG	Manuel &	1. Ta	M.D. Atto	nding Med.  Director	Stoff Phys.	DAM - 21, 196
23C.PH	YSICIANS ME (Typo) MANUEL	I. TA	N M.D.	23D. ADDRESS		SPITA C
24A. BURIAL	CREMATION, 24B. DATE	24C.NA	ME of CEMETERY OF CRE			town, or county) (Stote)
Bury	1-24-6	9 711	APLE WOOD	Wi	ISON, 1	l. C.
25A. DATE	REC'D BY HEALTH DEPT.	25B. NAME O	F REGISTRAR	25C. FUNERAL DIRECTOR	Yhill	ADDRESS NA
VS 150-REV.	JAN 26 1967	O. Bay	E. tradenta	Agril Inc	y rought	xyxisille, Ma.
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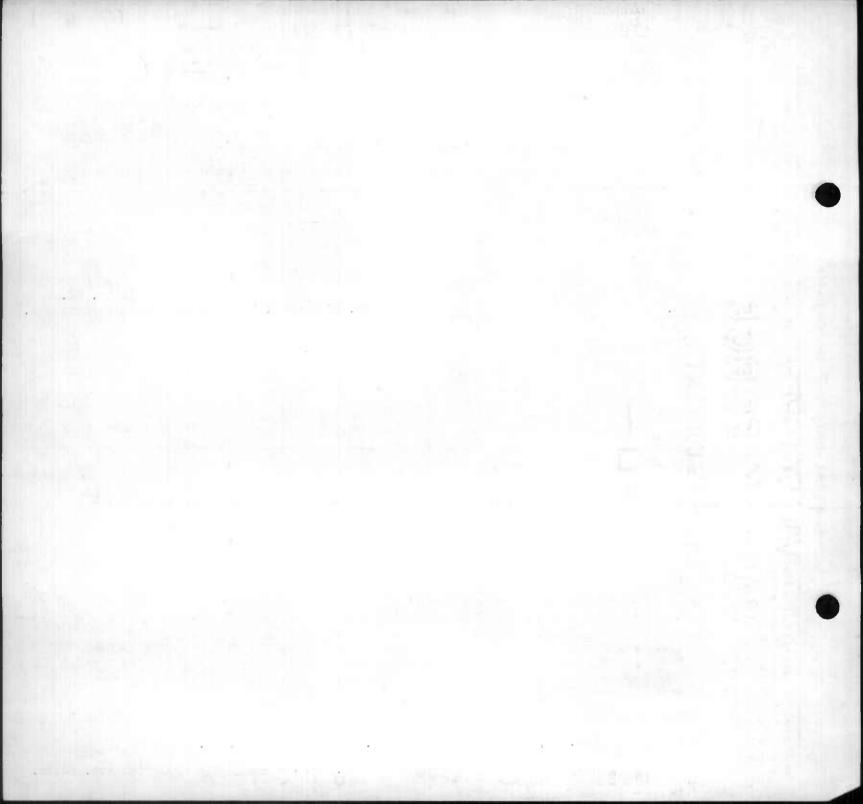
42712 7-17-30 35 Female robusts SINGLE Harth Carolina hadred haran Beulah Michiga THE RESERVE THE RE ols Mcharlette carament of intestina a about di. CARCINGALA GREATS

1/2/ 19 /3h 1000 18

Jan B. Well MENNE & HOSPITA Marcal J. Ter-MANUEL J. TAN

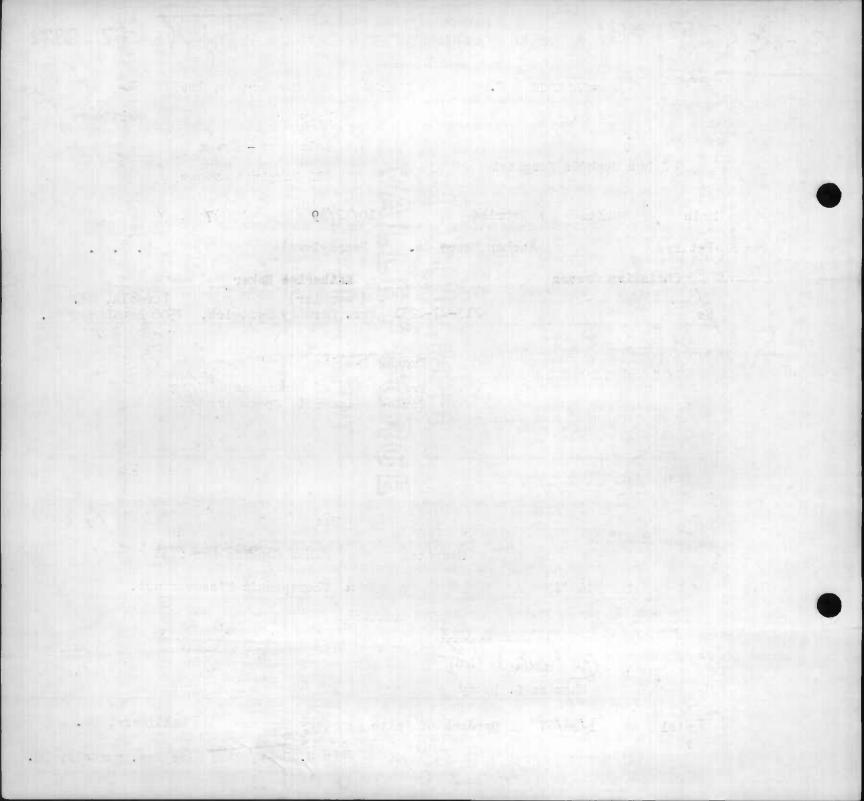
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	TEALIN DEPAKIMENT	\/	
MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH Registered No. 67	_08

M.	E CASE NO.												
1. (Ty	NAME OF DEC						2.	DATE AND	HOUR PR	ONOUNCE	D DEAD		
			LARENC			MAN		Januar	у 24,	1967		9:00	A M.
3. F	LACE IN BALT	TIMORE, MARY	YLAND, WH	ERE PRONOL	NCED DEAD	4. USUAL	RESIDEN	CE (Where	deceosed li	ed. If instit	lution: resid	ence before	dmission)
FILE	L NAME OF	(IE NOT I	N HOSPITA	OR INSTITU	TION, GIVE STREET		Mary	Land			Bal	timore	(D)
HO	SPITAL OR	ADDRESS	OR LOCA	TON)	TION, OFFE STREET	C. CITY	OR TOWN	(If outside	corporote I	imits, write	RURAL on	d give towns	
							Balt:	imore.	- Esse	x	5	53-0	0
900	3 Joh	ns Hopk	ins Ho	spital		D. STREE	ADDRES	S (If rurol,	give locotio	n)			
-							413	Virgin	ia Ave	enue			
5. 5	EX	6. RACE			NEVER MARRIED	B. DATE C	F BIRTH		9. AGE	(In years	If Under	1 Yr. If Unde	er 24 Hrs.
M	ale	Whit		Marri	OIVORCED (specify)	10/1	/88		lost birth		Nonms	Doys   Hours	i Min.
			_		BUSINESS OR INDUSTRY			te or foreign			12. CITIZE	N OF	
don	e during most of										WHAT	T COUNTRY?	
	etired	A F		Ancher	Fence Co.		es MAID	EN NAME			U. S	. A.	
			0 70 m m			200							
15.	WAS DECEASE	stian Ga		FORCES?	16. SO CIAL			ne Bal	cer		ADDRESS		
	, no or unknown				SECURITY NO.	(Dai	ighter	•)		I	undal	k, Md.	
N	0				213-07-2231	Mrs.	Dorot	hy Bos	stwick	, 750	6 Sou	thbend	Rd.
	18 Q	461	V 4-1	1/2	CAUSE	OF DEA	TH	74				INTERVAL B	ETWEEN
	DISEA	SE OF CONT	DITION DIP	ECTLY								ONSET AND	DEATH
	Diser	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Exsanguination											
	this does not mean me made of dying, e.g., DUE TO head follower, osterio, etc. It means the discose,												
	injury or complication which coused death.)  Perforation of Carcinoma of Lung												
	ANTECEDENT CAUSES during Diagnostic Bronchoscopy.												
	DISEASES OR CONDITIONS, IF ANY, GIVING DUF TO												
		NG CONDITION		ATING THE									
Z					(C)								
CERTIFICATION		II	17-1-					_					
S		DEATH BUT											
臣		R CONDITION			nc			*********					
3	19A. DATE OF	OPERATION	198. CONE		WHICH OPERATION	20A. A	JTOPSY? (Y					ON SIDERED	
	2		WAS I EKI	OKIVIED			Yes		IN CERTIFY	NG CAUS	ES OF DEA	Ain: A	es
MEDICAL	21A. EXTERNA	L CAUSE WA	S	21 B.	PLACE OF INJURY (e.g., form, factory, street,	in or obout	21 C. WHE	RE DID (I	lf in Boltimo	re City, giv	e exoct lo	cotion)	
ŏ		SE OF DEATH		etc.)	Hospital	onice brogg			cins H			1-0.5	
Σ	21D TIME	(Month) (D	oy) (Yeor)	(Hour) 2	E. INJURY OCCURRED			-	RY OCCUR	-	-		
	OF INJURY (APPROX.)		24 167	Δ ν		WHILE X	Ther	apeuti	c Mis	advent	ure.		
	22.	tify that I he	eld an In	quiry _		topsy X	and th	nat an this	s basis, d	eath in m	v opinian		
	rasul	ted fram: No			coldent & Suicid		Iamicide		ndetermin				
		ried ridin. 14			Soleta Soleta								
	ACTUA	L /	71	0 1	1/			ICAL EX		7		DATE SI	GNED
	SIGNAT		O no	celles 5	ally M.D				AMINER			1/24/67	
	EXAMIN NAME (		Charle	s S. Pe	etty	ASSOCIA	ATE MED	ICAL EX	AMINER			1/24/0/	
	BURIAL CRE	MATION, 23E	B. DATE		C. NAME OF CEMETERY	CREMAT	ORY	23 D. LC	CATION	(City,	town, or co	ounty)	(Stote)
	noval (Specify Burial		/28/67	C.	rdens of Fai	th Cor	atem			Ral	timore	, Md.	
	DUL'LAL				OF REGISTRAR		FUNERAL	DIRECTOR				DDRESS	
									7020	West			353
	- 4	JAN 26	196/	Volver	E. Farbuma	06	THE U.	Duca,	1766	WISE	AVE.	Dundalk	, Ma.



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		C77 0	000		BALTIMORE CITY	HEALTH DEPARTMENT	1/	67	0822	2
BIRT	H NO.	67 0	833		CERTIFICA	TE OF DEATH	Registered No	07	0000	)
	CASE NO.						/			
	AME OF DEC		Frank	Henry F	aunce	1	an. 23, 1967		2:30	P
3. P	LACE OF DE	ATH IN BALTI	MORE, MA	RYLAND		4. USUAL RESIDENCE (WE	nere deceased lived. II in	stitution: reside	nce belore o	odmission)
	ULL NAME O	OF (If not addres	in haspital	or institution,	give street	Maryland		St.	mor	ys Co
/ 11	NOITUTION	ic Heal			spital	St. Mary's	County	CURAL ONG GIV	8 - 0 d	9
		k. Drive			-	D. STREET ADDRESS Avenue Pos	t Office			
· S	EX M	6. RACE		WIDOWED	NEVER MARRIED  DO DIVORCED (specily)  OWER	8. DATE OF BIRTH 7/26/88	9. AGE (In years lost birthdoy)	If Under 1 Months Doy	fr. II Unde	er 24 Hrs. Min.
	during most al	working life, even herman	en if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN WHAT	OF COUNTRY? USA	
3. 1	ATHER'S NA		( ONLICE	y bear	ar e i	14. MOTHER'S MAIDEN N	AME		0021	
	Jac	ob Faun	ce			Emma Selby	7			
5. Yes	Nos Deceose , no or unknow	d Ever in U. S. n) (II yes, give	Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		AD	DRESS	
	No				?	Records- US	PHS Hospital	l, Balto	o, Md.	
	1B. / 5	ZXI			CAUSE C	F DEATH			ERVAL BETW	
~~~	DISEA	SE OR CONI LEADING T		RECTLY	Ca	rcinoma of pand	creas with	Un	known	
0	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,					widespread me				
	injury or camplication which coused death.)									
	Distasts	ANTECEDEN			DUE TO	0 0-0-0-0-0-0-0				
	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the (C)UNDERLYING CONDITION last.					***************************************			20 00 00 00 0 m 0 m 0 0 0 0 0 0 0 0 0 0	
ATION						lateral bronch	opneumonia	Te	rminal	
ERTIFICA		F OPERATION		DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or YES	No) 208, IF YES, WERE IN CERTIFYING CALLYES	FINDINGS CO USES OF DEA	NSIDERED TH?	
CAL CE	OR CONTRIB	ENT WAS UNI	USE OF	21 B hom etc.	ne, lorm, factory, street, a	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(II in Boltimare	City, give ex	act locotion)	
ā	21 D. TIME OF INJURY	(Month) (D	oy) (Yeor)		INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?			
	(APPROX.)			Wo	rk At Work		19 66 to Ja	an. 23		67
	/	y that (I)/(thi			he deceased from	67	that in (my) (aur) api		19	7
						view the bady after death		man death o	ccurred an	i the dat
	23A. SIGNAT			0	0	Josy ener dodn		23B, DATE S		
		XIU	MU 4	X 1/2	M.D. AH		Stoff Phy s.	1/24	/67	
	23 C. PHYSICI	Type)	Tas	Casa	(D)1	23D. ADDRESS	Dollar Ma			
24A	BURIAL CR	el C.H.		Surgeon 24C.N.	AME of CEMETERY or CR			ty, town, or co	ounty)	(State)
	REMOVAL		1/27/	(7)	1// S-:-+.					1
25A		D BY HEALTH	DEPT.	25B. NAME	OF REGISTRAR	2SC. FUNERAL DIRECTO	or Jordell	it. Mary conardto	ADDRESS	rycan
	•	JAN 26	1967	P. Port	2 Fallows	W. Clarke Mc	uttingley Le	onardto	un, Ma	rular
15	150-REV. 1/1	/6S				000	**			- 0

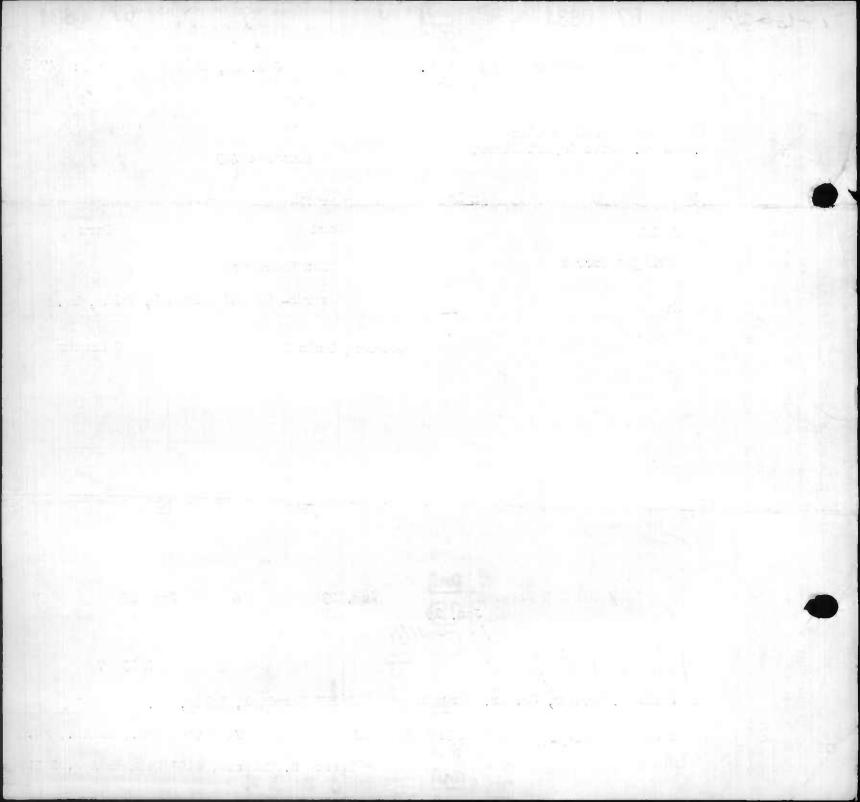
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and

BIRT	H NO. P. 67 0834			TE OF DEATH	Registered Na	67 0834
1. N	CASE NO. AME OF DECEASED of Print) Carlos	5 Torre		2. DATE A	ND HOUR OF DEATH	2. 77 [
	LACE OF DEATH IN BALTIMORE, MAI	YLAND			1. 19, 1967 ere deceosed lived. If ins	Sillution: residence before odmissio
FILE	NSTITUTION US Public Health Ser	vice		c. city or town (if of Lima		URAL one give township)
	Wyman Pk. Drive & 31s	st Stre	et	Uruvam	rurol, give focotion) ba 403	12-02
5. \$	M W	WIDOWED S:	never MARRIED b, DIVORCED (specify) ingle	1/21/60	9. AGE (In years lost birthday)	ff Under 1 Yr. If Under 24 H Months Doys Hours Min,
	.USUAL OCCUPATION (Give kind of work eduring most of working life, even if retired) Child	108. KIND OF	BUSINESS OR INDUSTRY	Peru	eign country)	12. CITIZEN OF WHAT COUNTRY? Peru
3. 1	FATHERS NAME Evlogio Tor res			14. MOTHERS MAIDEN NA Elsa Rodr:		
5. Yes	Was Deceased Ever in U. S. Armed Force, no or unknown) (If yes, give wor or date:	es? s of service)	1 6. SOCIAL SECURITY NO.	Records- US	S PHS Hospita	ADDRESS al, Balto, Md.
	DISEASE OR CONDITION DIR	ECTI V	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the made of		(A) His	tiocytosis X		5 months
ATION	DISEASES OR CONDITIONS, if or rise to the obove cause (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IT.	stoting the ONTRIBUTING TED TO TH	3			
RTIFICA		DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or N	10) 208, IF YES, WERE F	ISES OF DEATH?
CAL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 & hometc.	e, form, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct focotion)
MEDI	21 D. TIME (Month) (Doy) (Year) (APPROX.)		INJURY OCCURRED Not While At Work	21F. HOW DID IN	JURY OCCUR?	
	22. I certify that () (this hospital that () (we) last sow the decease and hour and fram the causes stat	d alive an	Jan, 19			m 19 19 67 nian death accurred an the d
	234 SIGNATURE James & Jalen J 234 Physician's NAME (Type)	2.	M.D. Att	ending Med. S. Director	Stoff Phys.	1/23/67
24A	Burial CREMATION, 248. DATE REMOVAL (Specify) Burial 1-25-6	24C. NA	Surgeon M.D. AME of CEMETERY of CRI Idon Park Ceme	EMATORY 24D,		d. y, town, or county) Ave., Balto., Md.
25A	PUAN 26 1967 OLE	258 NAME G	registrar	Howard H. Hu		Wilkens Ave. 2122



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1 275	. 3

G- 67 0835 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	OF	0000
Registered	No. D.	0835

M	E CASE NO.	MLD		CAMILITER O C	LKIIIICA	IL OI DEATH	7	
1.	NAME OF DEC	EASED				2. DATE AND HOUR PR	ONOUNCED DE	AD
(Ту	pe or Print)	SAMUEL		GRIMM		January 22,	1967	10:30 P
3.	PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOL		4. USUAL RESID			residence before odmission)
						ryland	B. COUNTY	Bulle Con
FU	LL NAME OF	ADDRESS OR LOCA	AL OR INSTITU ATION)	JTION, GIVE STREET		VN (If outside corporate I	imits, write RURA	L and give township)
IN:	NOITUTITE				Pa	ltimoro D	w o 1	22
2	Polt-	more City Uo	anitala			Itimore Ru:	ral	02-00
-	Daili	more City Ho	spicais			x 529, Seneca		đ
5.	SEX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRT			nder 1 Yr. If Under 24 Hrs.
			WIDO WED,	DIVORCED(specify)	4-26-95		ndoy) Mont	hs Doys Hours Min.
_	fale	White	Marr				XX 71	
		vorking life, even if retired)	KIUK KIND OI	F BUSINESS OR INDUSTR				ITIZEN OF PARTY?
						ylvania		
13.	FATHER'S NAM				14. MOTHER'S M	AIDEN NAME		
	Elr	ner Grimm			Elia	zabeth Morris		
		D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDI	21220
	es	WWI	of settleer	191-09-5361	Molaria T	House Dean	520 D-44-	
_	18. //	777.		CALLSI	OF DEATH	. narris-box	129-Route	14, Balto, Md
	4-2	W 1/1		CAUSI	OF DEATH			ONSET AND DEATH
	DISEAS	E OR CONDITION DI	RECTLY			0 1/-	1 . D	
	(This does n			(A) Arteri	osclerotio	c Cardiovascu	lar Disea	Se.
	heart failure,	oot meon the mode of osthenio, etc. It meons application which caused	the discose,	DOE TO				
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
		NTECEDENT CAUSE		(B)				
		OR CONDITIONS, IF A E ABOVE CAUSE (A) S		DUE TO	*******************			
	UNDERLYIN	IG CONDITION LAST.						
O				(C)			***************************************	
T	OTHER SICE	II NIFICANT CONDITIONS	CONTRIBUTU	NG				
5	TO THE	DEATH BUT NOT RE	LATED TO T					
CERTIFICATION	19A, DATE OF	CONDITION CAUSING		WHICH OPERATION	LOOA ALITOREY	A (V N - 1 DOD IF WEE	MARKE PINIDING	C CONCIDENCE
CEI	ITA. DATE OF	WAS PER		WHICH OFEKATION		? (Yes or No) 20B. IF YES	ING CAUSES OF	
		L CAUSE WAS	lean		No			
EDICAL	UNDERLYING	OR CONTRIB-	home	PLACE OF INJURY (e.g., form, foctory, street,	office bldg., INJURY	OCCUR?	ore City, give exoc	it location)
8	UTING CAU	SE OF DEATH.	etc.)					
Σ	21D TIME	(Month) (Doy) (Yeo	r) (Hour) 2	1E. INJURY OCCURRED	21F. H	OW DID INJURY OCCUR	?	
	(APPROX.)		V	WHILE AT NOT	WHILE			
	22.		m. V	WORK AT W	ORK L			
		ify that I held an I	nquiry 🗌	Inspection X Au	tapsy and	d that on this basis, d	eath In my opin	nion
	resul	ted fram: Natural ca	uses X	Accident Suicid	le Hamici	de Undetermin	ed manner	
		- /			CHIEF M	EDICAL EXAMINER		
	ACTUAL		.1. 5	12-		EDICAL EXAMINER		DATE SIGNED
	SIGNAT		NIL U	1 cely M.D		EDICAL EXAMINER		1/23/67
	EXAMIN NAME (('h 0.54 0	s S. Pe	tty	ASSOCIATE M	EDICAL EXAMINER		1/23/01
23/	BURIAL CRE	, ypc,		C. NAME of CEMETERY	or CREMATORY	23D. LOCATION	(City, town,	or county) (State)
	MOVAL (Specify)						
	Burial			reen County M			rg, Penns	
24.	A. DATE REC'D	BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR Balto.	,Md. 21229	ADDRESS
	JAN	26 1967 0	AND EL	The state of the s	Hubbar	d Funeral Hom	e-4107 Wi	Ikens Ave
Ve	151_BEV 1/1/	4.5		. 2 6		7 7		
¥ 3	151-REV. 1/1/		1 9	6/00	0 0 5	3 0 5		

Crean Henny limetrial Fark Magnedoning Penning I

P-460

	67 0836	BALTIMORE CITY HEAL	TH DEPARTMENT	X 67 0020
BIR	тн но. МЕД	ICAL EXAMINER'S CI	RTIFICATE OF DEA	TH Registered No. UOCO
	E. CASE NO.			
1.	NAME OF DECEASED		2. DATE AND HOL	JR PRONOUNCED DEAD
(1)	pe or Print)	METT ALLEN POWELL	January	20, 1967 10:15 A.M.
3.	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD		sed lived. If institution: residence before admission) B. COUNTY
EII	LL NAME OF (IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	Missouri	B. 60 01411
HC	SPITAL OR ADDRESS OR LOCA		C. CITY OR TOWN (II outside corpo	prote limits, write RURAL and give township)
	-		St. James	V-22,
	1700 Frankf	urst Avenue	D. STREET ADDRESS (If rurol, give I	ocotion)
5.	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	los	AGE (In years If Under 1 Yr. II Under 24 Hrs. Months, Doys, Hours, Min.
	Male White	Divorced	1-28-1906	60
		NOR KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign coun	try) 12. CITIZEN OF
dor	Retired Salesman	C. C	St. James , Misso	ouri V.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Robert E. Powe	11	Lida Copeland	
15.	WAS DECEASED EVER IN U.S. ARMED	FORCES? 16. SOCIAL	17. INFORMANT	ADDRESS
(Ye	s, no orunknown) (If yes, give wor or dote No	ss of service) SECURITY NO. 381-03-3735	Mrs Wayne Scott	Huntsville, Arkansas
_	118.		OF DEATH	INTERVAL BETWEEN
7	(This does not meen the mode of heori foilure, osthenio, etc. It meens injury or complication which coused ANTECEPENT CAUSE DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S' UNDERLYING CONDITION LAST.	s (B)	hyxia by carbon mond	
Ó		\		
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING	LATED TO THE		
	19A. DATE OF OPERATION 19B. CON WAS PER	IDITION FOR WHICH OPERATION		F YES, WERE FINDINGS CONSIDERED RTIFYING CAUSES OF DEATH?
FDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB-	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) boxcar	n or obout 21C. WHERE DID (If in B	oltimore City, give exoct location)
Σ	21 D TIME (Month) (Doy) (Yeo OF INJURY		21F. HOW DID INJURY O	Apparently used small
	(APPROX.) Unknown	M. WHILE AT NOT	WHILE X fire for wa	rmth in closed boxcar
	22. I certify that I held on I			is, deoth in my opinion
	resulted from: Notural co	uses Accident X Suicid	Homicide Undete	ermined manner
	ACTUAL CLAN	e S. Spat M.D.		IER A
23,	EXAMINER'S Charles A. BURIAL CREMATION, 23B. DATE	S. Springate, M.D.	ASSOCIATE MEDICAL EXAMIN	January 20, 1907
	MOVAL (Specify)		20071	,

St. James , Missouri
24C. FUNERAL DIRECTOR ADDRESS

Howard H. Hubbard, 4107 Wilkens Ave. 21229

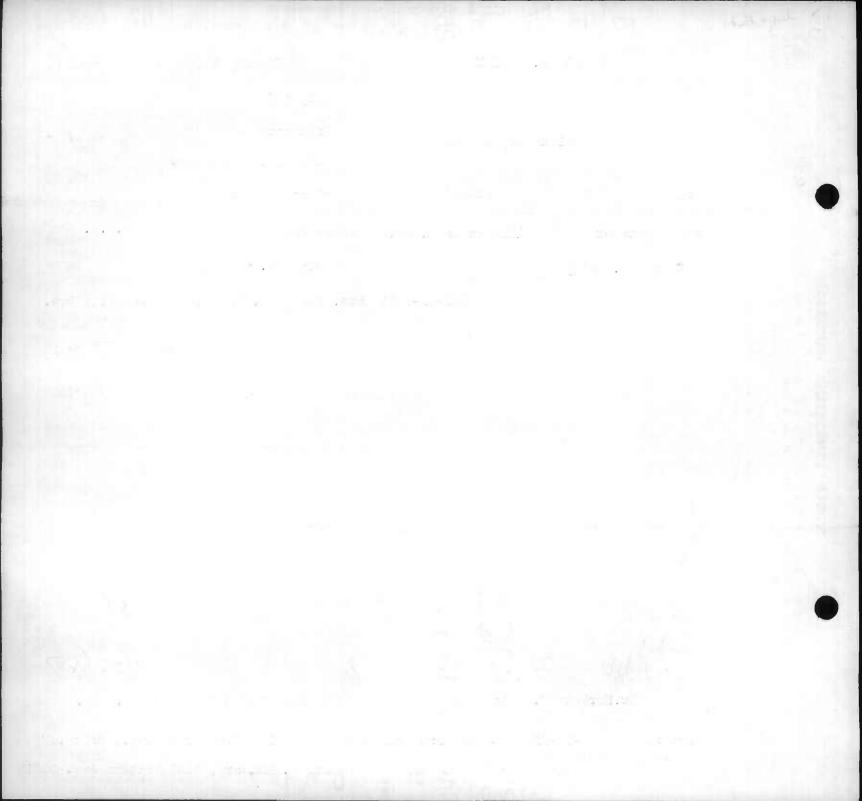
Burial 1-27-1967 Masonic Cemetery
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR

VS 151-REV. 1/1/65

the state of the s

VS 150-REV. 1/1/65

BIRTH NO.	67 0837	CEDITIEICA	TE OF DEATH	Registered No	67 0837
		CERTIFICA			
Type or Print)		P. DAILY	Janu	ary 21, 196	
PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where	deceosed lived. If ins	titution: residence before admiss
FULL NAME (OF (If not in hospital	or institution, give street	Maryland		
HOSPITAL OR	oddress or locotion		C. CITY OR TOWN (If outs	ide city limits, write R	URAL ope give pwaship)
00) 101/ Pos	elea lass Assamua	Baltimore		0000
0	1014 Fai	rksley Avenue		urol, give location)	
e eu	6. RACE	7. MARRIED, NEVER MARRIED		sley Avenue	16 11 2 2 2 1 1 2 2 2 4 1
.sex Male	White	widowed, Divorced (specify) Married		SAGE (In years pst birthdoy) 58	If Under 1 Yr. If Under 24 H Months Ooys Hours Min.
	UPATION (Give kind of work working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
Lathe O		Ellicott Mach. Co.	Maryland		U.S.A.
3. FATHER'S NA			14. MOTHER'S MAIDEN NAM	\E	
Georg	ge H. Daily		Grace C.	Cuffley	
5. Was Deceoses	d Ever in U. S. Armed For	ces? 1 6. SOCIAL	17. INFORMANT		ADDRESS
fes, no or unknow	n) (If yes, give wor or dote	s of service) SECURITY NO. 215-05-1422	Mrs. Evelyn M.	Daily, 101	4 Parksley Ave.
18. / 5	6.1.1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	SE OR CONDITION DI	RECTLY			
(T)	LEADING TO DEATH	(A) 5 P	UFICALIZED (ARRIMANA	1 1 140
	not mean the mode af , asthenia, etc. It meons	the disease	4		
injury or cor	mplication which caused	deoth.)	MEINAMA O	T 1116	(A)
	ANTECEDENT CAUSES		TE VILLA VILLA SI	1 / 1/1/	
	MILLOLDEN ON OUT	DUE TO	RELIMAND O	J- C109	1 190
	OR CONDITIONS, if	any, giving			
rise to th		any, giving	Je i jaar 193		
rise to th	OR CONDITIONS, if ne above cause (A) G CONDITION last.	any, giving			
rise Io II: UNDERLYIN	OR CONDITIONS, if all above cause (A) G CONDITION last.	any, giving slaling lhe (C)			
NO THER SIGN TO THE COISEASE OR	OR CONDITIONS, if all above cause (A) G CONDITION last.	any, giving staling the (C) CONTRIBUTING ATEO TO THE			
NO THER SIGN TO THE COISEASE OR	OR CONDITIONS, if ne above cause (A) G CONDITION last.	any, giving stating the (C) CONTRIBUTING ATEO TO THE IT. IDITION FOR WHICH OPERATION			
OTHER SIGN TO THE COISEASE OR 19A. DATE OOR CONTRIB DEATH (notif	OR CONDITIONS, if ne above cause (A) G CONDITION last. II IIIFICANT CONDITIONS CODEATH BUT NOT RELA CONDITION CAUSING IF OPERATION 198. CON	CONTRIBUTING ATEO TO THE T. IDITION FOR WHICH OPERATION FORMED	20A. AUTOPSY? IYes or No)	208. IF YES, WERE FI	
NOTHER SIGN TO THE SIGN TO THE CONTRIBUTION OF	OR CONDITIONS, if ne above cause (A) G CONDITION last. IIIIIIII CONDITIONS CONDITIONS CONDITIONS CAUSING IS CONDITION CAUSING IS F OPERATION 198. CONWAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical exominer)	any, giving slaling lhe (C) CONTRIBUTING ATEO TO THE IT. IDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, on etc.)	20A. AUTOPSY? IYes or No) n or obout 21C. WHERE DID ffice bldgs, INJURY OCCUR?	208. IF YES, WERE FI IN CERTIFYING CAU (If in Boltimore	INDINGS CONSIDERED
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OTHER SIGN TO THE CONTRIBUTION OF CONTRIBUTION OF INJURY (APPROX.) 22. I certify that (1) (we	OR CONDITIONS, if the above cause (A) G CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving slaling lhe (C) CONTRIBUTING ATEO TO THE IT. IDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, on etc.) (Hour) 21E. INJURY OCCURRED While At Not While At Work	20A. AUTOPSY? [Yes or No] n or obout 21C. WHERE DID ffice bidg., NJURY OCCUR? 21F. HOW DID INJU	208. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore	INDINGS CONSIDERED SES OF DEATH? City, give exect locotion)
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OTHER SIGN TO THE E CONSERVE OF INJURY (APPROX.) 23C. PHYSICI. 23C. PHYSICI.	OR CONDITIONS, if the above cause (A) G CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving slaling lhe (C) CONTRIBUTING ATEO TO THE IT. IDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.,) (Hour) 21E. INJURY OCCURRED While At Not While At Work Work At Work I) ottended the deceased from the doctory of the doctory	20A. AUTOPSY? IYes or No) n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJU e 19 ond tha	208. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore DRY OCCUR? 1 tin(my) (our) opin	INDINGS CONSIDERED ISES OF DEATH? City, give exact location) 2/ 19 ian death occurred on the o
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OTHER SIGN TO THE LOUISEASE OR CONTRIB DEATH (notification) and the contribution of th	OR CONDITIONS, if ne above cause (A) G CONDITION last. II IIFICANT CONDITIONS CONDITIONS CAUSE OF OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examiner) IMonth) (Doy) (Year) y that (1) (this haspital) last saw the decease of from the couses story URE ANS Type) Dr. Herbert W EMATION, 248. DATE	any, giving slaling lhe (C) CONTRIBUTING ATEO TO THE IT. IDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, on etc.) (Hour) 21E. INJURY OCCURRED While At Not White At Work Work At Work it of all ve on the deceased from the decease deceased from the d	20A. AUTOPSY? IYes or No) n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJU e	208. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore) DRY OCCUR? 9ta t in(my) (our) opin Stoff Phys	INDINGS CONSIDERED ISES OF DEATH? City, give exect locotion) 19 19 10 and death occurred on the control of
NOTHER SIGN TO THE E CONTRIBUTION THE E CONTRIBUTION TO THE E CONT	OR CONDITIONS, if the above cause (A) G CONDITION last. II DEATH BUT NOT RELA C CONDITION CAUSING F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examiner) IMonth) (Doy) (Year) y that (1) (this haspital) last saw the decease the fram the couses story URE ANS Type) Dr. Herbert W EMATION, (Specify)	any, giving slaling lhe (C) CONTRIBUTING ATEO TO THE IT. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, or etc.) (Hour) 21E. INJURY OCCURRED While At Nort White At Work it) ottended the deceased from the doctory of the doct	20A. AUTOPSY? IYes or No) n or obout 21C. WHERE DID ffice bldg,, INJURY OCCUR? 21F. HOW DID INJU e 19 ond that view the body after deoth. 23D. ADDRESS 4804 Frederi EMATORY 240. LO	208. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore DRY OCCUR? 9ta	INDINGS CONSIDERED ISES OF DEATH? City, give exect locotion) 19 19 19 10 and death occurred on the control of



and

	BALTIMORE CI	TY HEALTH DEPARTMENT	67 0838
	H NO. 67 0838 CERTIFIC	ATE OF DEATH Registered No.	67 0838
1. N	AME OF DECEASED	2. DATE AND HOUR OF DEATH	Α.
	TRACY, RAYMOND XXXXXXX Alden	JANUARY 22,	
3. 1	CT ACNES HOSPITAL	4. USUAL RESIDENCE (Where deceased lived. If ins. A. STATE 8. COUNTY	stitution: residence before admission)
	ST. AGNES HOSPITAL	MARYLAND	
	OSPITAL OR address or location) NSTITUTION	C. CITY OR TOWN (If outside city limits, write R	URAL ond give township)
	WILKENS & CATON AVES. BALTO.,MD. 21229	BALTIMORE, 21229 D. STREET ADDRESS (If rurol, give focotion)	00-00
	J BALTO., PID. 21229	261 SO. HILTON STREE	E
5. \$		8. DATE OF BIRTH 9. AGE (In years tost birthday)	If Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.
	MALE WHITE MARRIED (specify)	03-18-03	77.011.13
	. USUAL OCCUPATION (Give kind of work 108, KIND OF 8USINESS OR INDUST a during most of working life, even if retired)	RY 11. 8IRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.		MARYLAND	YXEXSX U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	FRED TRACY DEC D	LAURA	
15. (Ye:	Was Deceased Ever in U. S. Armed Forces? 1 o. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	NO 215-03-477	3 ST.AGNES RECORDS -BA	ALTO., MD.21229
	18.4 0 0 1 1 CAUSE	OF DEATH	INTERVAL SETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	Managara Timenagara	
	(This does not mean the mode of dying, e.g., DUE TO	GOCARPIAL JINFARCTION	
	heart failure, asthenia, etc. It means the disease,		
	ANTECEDENT CAUSES (8)	ARTERIOSCIERIOSUS	
	DISEASES OR CONDITIONS, if any, giving		
	rise to the obove cause (A) stating the (C)		
	II		
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	/	
CATI		EBRAL SCHEMIA. [20A. AUTOPSY? (Yes or No)] 20B. IF YES, WERE F	
TIFIC	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	NO,	JSES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. OR CONTRIBUTING CAUSE OF home, farm, foctory, street,	, in or obout 21 C. WHERE DID (If in Soltimore	City, give exact lacotion)
1A	OR CONTRIBUTING CAUSE OF home, farm, foctory, street, DEATH (notify medical examiner)	office bldg., INJURY OCCUR?	
EDIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
2	OF INJURY (APPROX.) While At Work At Work		
	22. I certify that (X) (this haspital) attended the deceased fram		INARY 22 19 67
	that (X (we) last saw the deceased alive an JANUARY 2	22 19 67 and that in XvX) (aur) apir	nian death accurred an the date
	and haur and fram the causes stated above. (1) (We) (did) (1) (X)		
	23A. SIGNATURE		23B. DATE SIGNED
	MILO. WOLDICK M.D.	Attending Med. Stoff Phys. Director Phys.	1-22-67
	23C. PHYSICIAN'S NAME (Type)		LKENS & CATON AV
	G.S. PATRICK, M.D.	ST. AGNES HOBBITAL BAL	
24/	REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY of	CREMATORY 24D. LOCATION (Cit	ly, town, or county) (State)
	Rurial 1-25-1967 Loudon Park Ce	metery 3801 Frederick	Ave. Balto. Md.

ADDRESS 25C. FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Ave.

V\$ 150-REV. 1/1/65

6 1967

258. NAME

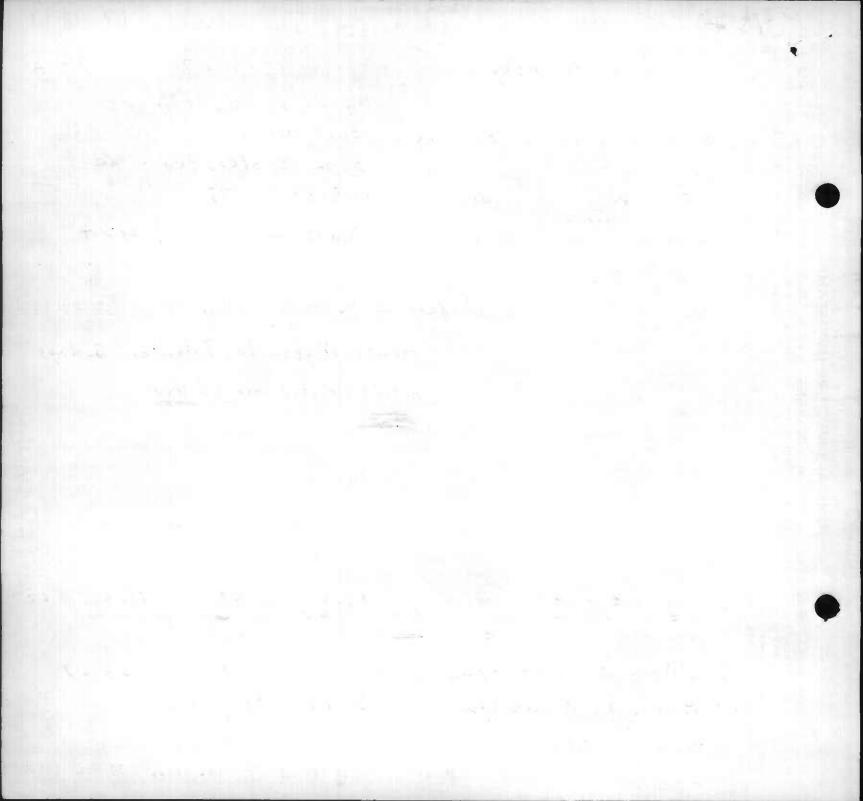
II's and the least the least the Julia za Enfa. II. - -ME L. STANGE BLANCE BEAUTY AND A FELL S .=.= 42/42 -.=.

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 2. DATE AND HOUR OF DEATH 1-23-67 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
A, STATE
B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL ond give township ELLICOTT D. STREET ADDRESS (If rural, give location) JOPENDA DRIVE 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 10-12-02 **XXX** 64 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY MARYLAND U.S.A. 14. MOTHER'S MAIDEN NAME ANNIE OWENS 17. INFORMANT .WILKENS & CATON 05-5055 ST.AGNES HOSPITAL INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact tocation) home, form, foctory, street, office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22. I certify that (I) (this haspital) attended the deceased from 1=22=6719to. that (I) (we) lost sow the deceased alive on 1=23= 19 67 and that in (my) (our) apinion death occurred on the date and hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter deoth. 238, DATE SIGNED Med. Director 23 D. ADDRESS 24C. NAME of CEMETERY OF CREMATORY Meadowridge Cemetery Howard County, Maryland 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. Heward H. Hubbard, 4107 Wilkens Ave. 21229

In this paper again, and the least the law entries. THE RESIDENCE WILLIAM TO SEE THE RESIDENCE OF THE PARTY O

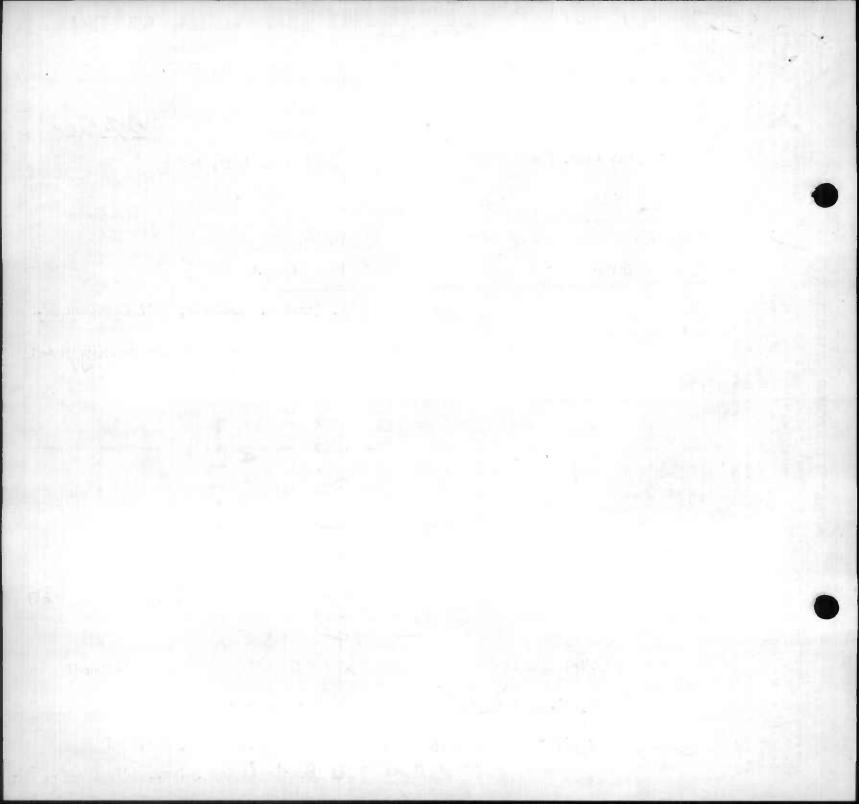
IMPORTANT

FUNERAL DIRECTOR:



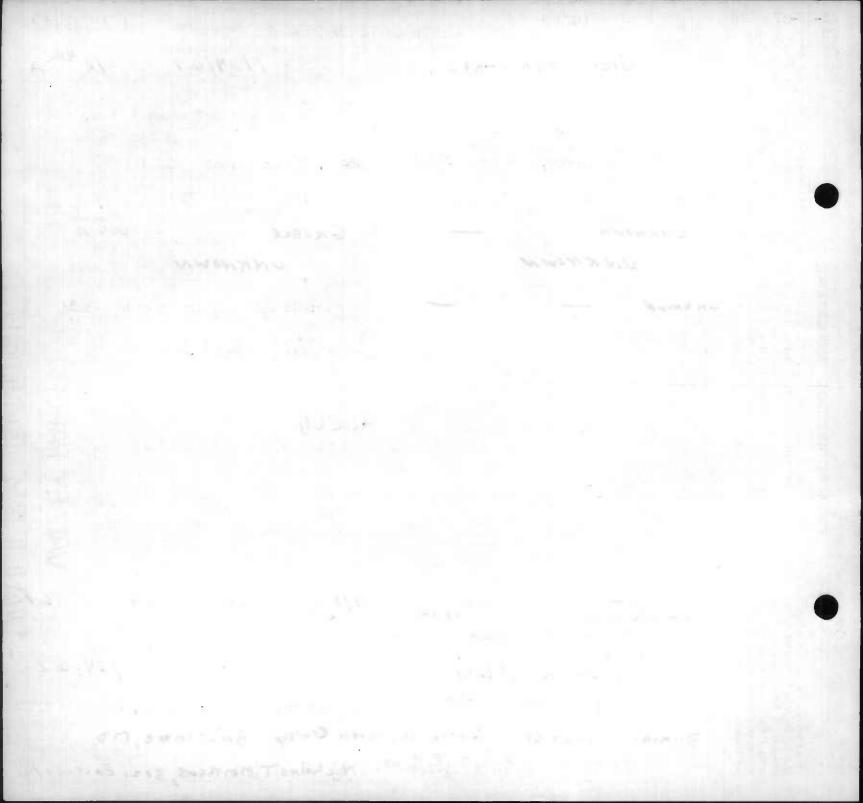
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death the charge of the body was released to the hospital by a medical examiner. (2) A foreign of any binder of the contributing cause of death the contribution of cause of death the c	was D.O.A. at a hospital (except where the physician was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such without the physician was in regular attendance on the deceased prior to death. Such we write a part of the contract of the physician was in regular attendance on the deceased prior to death. Such we have a part of the contract of the physician was in regular attendance on the deceased prior to death.	2
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	- Coles	0.44	BALTIMORE CITY	HEALTH DEPARTMENT		
	TH NO. 67 0	1841	CERTIFICA	TE OF DEATH	Registered Na	67 0841
1, N	E CASE NO.			2. DATE A	ND HOUR OF DEATH	
(Ty;	po or Print) PLACE OF DEATH IN BALTI	Rebecca Kli	tenic	Janua	vry 23, 1967	5 P M. stitution: residence before admission)
3. 1	PLACE OF DEATH IN BALTI	IMORE, MARYLAND		A. STATE B. COU	ere doceoséd livod. If in: NTY	stitution: residence before odmission)
	HOSPITAL OR oddres	in hospitol or instituti ss or location)	on, give streot	Maryland C. CITY OR TOWN (IF o	utsido city limits, write R	URAL and nive township.
	INSTITUTION			Baltimore	,,	27-20
IC	2/01 Fande L	and And T		D. STREET ADDRESS (I		
	3624 Fords La			3624 Fords	Lane, Apt E	
5. 9		WIDO	HED, NEVER MARRIED WED, DIVORCED (specify) LOOW OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	. USUAL OCCUPATION (Give e during most of working life, ev		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stoto or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
	Housewife	At	Home	Russia		USA
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME	
	Zelik Dubinsky			Toba Wilker	rs	
15. (Ye	Wos Deceased Ever in U. S. s,no or unknown) (If yes, give	war or dates of servi		17. INFORMANT		ADDRESS
	No		No	Mr. Jacob A.	Klitenic, 8	interval Between onset and Death
	18.4 22, 11		CAUSE O	F DEATH		ONSET AND DEATH
	DISEASE OR CONI		Ost	enoselhotic o	and vasc, of	is morning iteres
	(This does not meon the		e.g., DUE TO			
	injuly of complication wh					
	ANTECEDEN	IT CAUSES	DUE TO			
	DISEASES OR CONDIT					
	UNDERLYING CONDITIO					, uu a ca e e e e e e e e e e e e e e e e e
Z	OTHER SIGNIFICANT CON	IDITIONS CONTRIBU	TING			
110	TO THE DEATH BUT	NOT RELATED TO	THE			
ERTIFICATION	19A. DATE OF OPERATION		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or h	10 208. IF YES, WERE P	INDINGS CONSIDERED USES OF DEATH?
CERT	21A. ACCIDENT WAS UNI	DERLYING	21B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)
CAL	OR CONTRIBUTING CAT	USE OF	home, form, foctory, street, of	ffice bldg., INJURY OCCUR?		erry, give exact reconon.
0	21 D. TIME (Month) (D	Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
1	(APPROX.)		While AI Not While Work At Work			
	22. I certify that (1) (thi	is hospital) attende	ed the deceased fram	+ 10.	1966 10	an. 10, 1967.
	that (I) (we) last saw th	ne deceased alive	n 1/10	19 6 7 and 1	that in (my) (aur) apir	nian death accurred on the date
	and have and from the c	auses stated abov	e. (I) (We) (did) (did-no t) v			
	23A. SIGNATURE	9			5.4	23B, DATE SIGNED
	14/1	vernung		ending Med. Director	Stoff Phy s.	1/24/67
	23 C. PHYSICIAN'S NAME (Type)			23D. ADDRESS		
	D)	r. Richard (leinberger M.D.	3640 For	rds Lane	
247	A. BURIAL CREMATION, 24 REMOVAL (Specify)		C. NAME of CEMETERY OF CRI			ty, town, or county) (Stoto)
25/	Burial A. DATE REC'D BY HEALTH	1/24/67 DEPT. 258. NAA	Hebrew Young M	25C. FUNERAL DIRECTO	Baltimore, M	daryland Address ., 6010 Reist., Rd.
	IANO	6 1967 M O	160 Fallen	SO Lavinson	1 & Bros. Inc	. 6010 Reist. Rd.
VS	150-REV. 1/1/65	6 1201 AP		1 5 5 5 5 6 6 7	2000 2000	1100



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BIRTH NO.		0842		CERTIFICA	ATE OF DEATH	Registered Na.	<u> </u>
	OF DECEASED	ICK F	IRGA	RIS	2. DATE	AND HOUR OF DEATH	12 40
3. PLACE	OF DEATH IN	BALTIMORE, MA			4. USUAL RESIDENCE (V	Where deceased lived, If i	institution: residence before admis
FULL N	NAME OF	(If not in hospital	or institution,	give street	Maryland		
HOSPIT	TAL OR UTION .	oddress or location	1)			autside city limits, write	ACR).L and give township)
100	3 3	Baltimore	-		Baltimore		1601
	7 9	4940 Easte			D. STREET ADDRESS	(If rural, give location)	
S. SEX	6. RAC	Baltimore,			504 S. Oldha		1224
Male	e V	Vhite	Divo	NEVER MARRIED), DIVORCED (specify) red	1891	9. AGE (In years tost birthdoy)	If Under 1 Yr. If Under 24 Months; Days Hours Mi
		N Give kind of work life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLA CE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	JAKNOV				GREELE	•	U.S.A.
3. FATHE	ERS NAME				14. MOTHER'S MAIDEN		1
	U	VKNOW	N		U	NKNOWN	
S. Was D	Deceased Ever in	U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
UNK		, give wor or date	a or service)	SECURITY NO.	RECORDS:BCH Z	OLO Esstern	Avenue 21224
18. 4		/ 1		CAUSE	OF DEATH	A PASTELLI	INTERVAL BETWEEN
7		CONDITION DIR	ECTLY	GROJE		0 10	ONSET AND DEATH
-		NG TO DEATH	CILI	443	monthis	heart lai	lus.
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO Organice heart failure DUE TO					
	heart failure, asthenia, etc. II means the disease, injury ar camplication which caused death,)						
		ia, elc. Il means	the disease,		0		
	y ar camplication	ia, elc. Il means	the disease,	(B)		/	
injury	ANTEC	ia, elc. II means an which caused EDENT CAUSES	the disease, death,)		15011	······································	
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DISEA	ANTEC	ia, etc. II means an which caused EDENT CAUSES ONDITIONS, if ve cause (A)	the disease, death.)	(B)	ASCVI	/	
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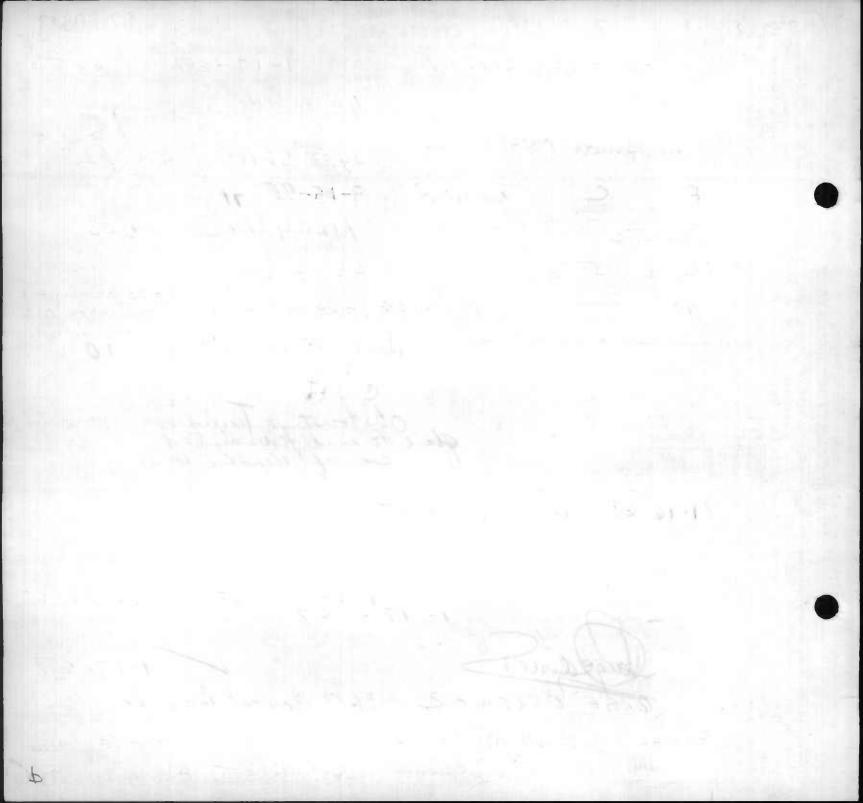


VS 150-REV. 1/1/65

a hospital and

	BALTIMORE CITY HEALTH DEPARTMENT
)	BIRTH NO. M.E. CASE NO. CERTIFICATE OF DEATH Registered No. DV U843
	1. NAME OF DECEASED (Type or Print) 46NES, E, GRIFFIN 2. DATE AND HOUR OF DEATH 1-17-67 16 40 MM.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR INSTITUTION (If outside city limits, write RURAL and give pownship)
	1/2 Cura Hospital D. STREET ADDRESS MI rujol, give location)
de.	2433 Shirley Due. #15
ppm :	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Namical 9. AGE (In yebrs If Under 17. If Under 24 Hrs. Months: Doys Hours Min.
si noi	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)) 112. CITIZEN OF WHAT COUNTRY?
disposition	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
disp	DAVID LUAITS 15. Was Deceased Ever in U. S. Armed Forces? 116. SOCIAL 17. INFORMANT ADDRESS
final	(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.
0	18. CAUSE OF DEATH DISEASE OF CONDITION DIRECTLY CAUSE OF DEATH ONSET AND DEATH
med	LEADING TO DEATH (This does not meon the mode of dying, e.g., DUE TO D. T. O. F.
nbaim	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
e e	DISEASES OR CONDITIONS, if ony, giving
ns ar	rise to the obove couse (A) stoling the UNDERLYING CONDITION tost.
remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Ca. of Reputie Day
the re	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 120A-AUTOPSY? (Yes or No!) 20B. IF YES, WERE FINDINGS CONSIDERED
re t	WAS PERFORMED Lipatric Great IN CERTIFYING CAUSES OF DEATH? U 21A. ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
before	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
ained	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
obta	22. I certify that (I) (this haspital) attended the deceased fram 1-1-1-1967,
be	that (1) (we) last saw the deceased alive an
must	and hour and from the couses stated above. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED
	23C. PHYSICIAN'S 23D. ADDRESS Attending Med. Director Phys. Direc
approval	NAME (Type) FE OZDONEZ M.D. 36/3 BOWERS AVE. BAL MD, 2120
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) BURIAL 1-22-67 MT CALVARY ARNOLD A. A. CO ML
written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR. ADDRESS
	CYFITTICKS, ILL HINNAPOLIS, MA

ANNAPOLIS,



67 0844 BALTIMORE CITY HE	EALTH DEPARTMENT
BIRTH NO. MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Registered NO.7 0844
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2, DATE AND HOUR PRONOUNCED DEAD
CALVIN L. EDV	WARDS January 23, 1967 3:30 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
934 Woodyear Street	D. STREET ADDRESS (If rurol, give locotion) 934 Woodyear Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	
5. SEX 6. RACE Negro 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specily) Male	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUS' done during most of working life, even if retired)	STRY 11. BIRTHPLACE Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHERA NAME / LOWANDS	DONOTHY NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
No 216-32-219	10 Meodore Edwards 1808 W. Sar. S
18. 4 4 3 X I	USE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH HVD	pertensive heart disease
(This daes not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or camplication which caused death.)	Per Lensive Real Culbeage
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes Yes Yes
✓ 21A, EXTERNAL CAUSE WAS O UNDERLYING OR CONTRIB- 21B. PLACE OF INJURY (e.g.	.g., in or about 21C. WHERE DID (If in Baltimore City, give exoct location)

ZIA, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21D TIME (Month) (Do 21D TIME (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED (Month) OF INJURY WHILE AT NOT WHILE (APPROX.) m. WORK AT WORK

21 F. HOW DID INJURY OCCUR?

1 certify that I held an Inquiry Inspection resulted fram: Natural causes X Acgident

Autopsy X Suicide

and that an this basis, death in my apinian Hamicide Undetermined manner

ACTUAL Ally SIGNATURE.

CHIEF MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAMINER

DATE SIGNED

EXAMINER'S Charles S. Petty NAME (Type) 23A, BURIAL CREMATION,

ASSOCIATE MEDICAL EXAMINER

1/24/67

238. DATE REMOVAL (Specify)

23C. NAME AL CEMETER OF CREMATORY

23D. LOCATION (City, tawn, or county)

(State)

24A. DATE REC'D BY HEALTH DEPT.

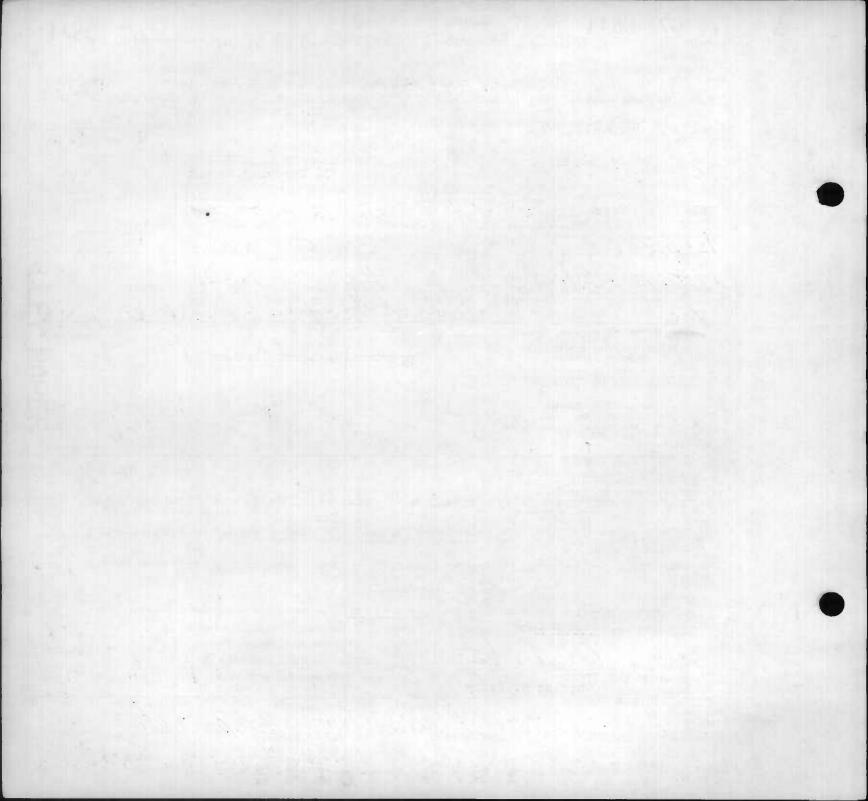
96 248 NAME OF REGISTRAR

24C. FUNERAL DIRECTOR

ADDRESS

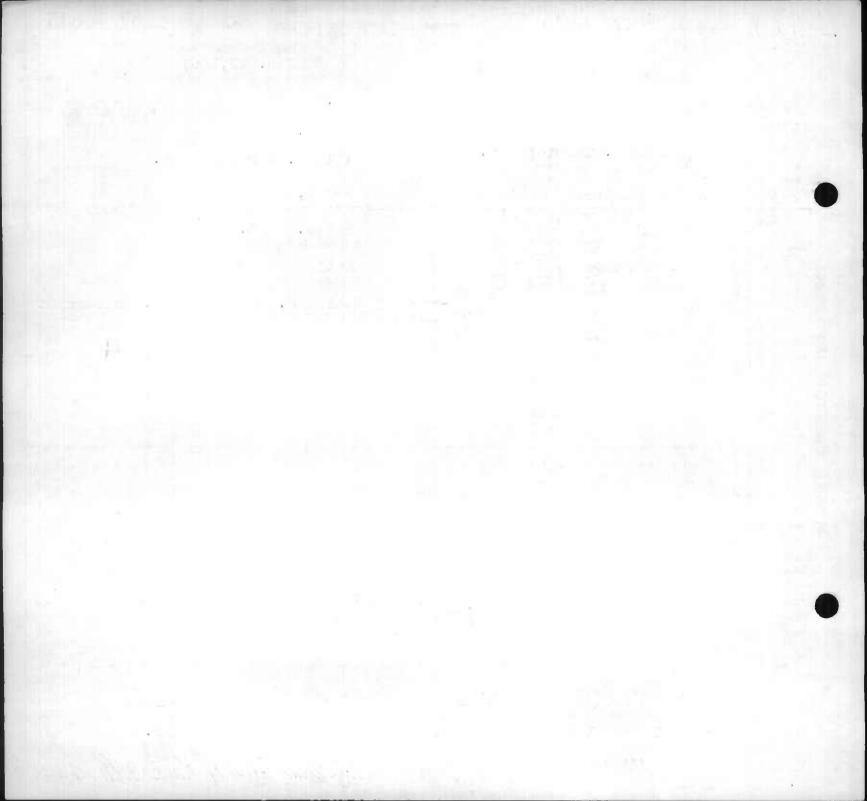
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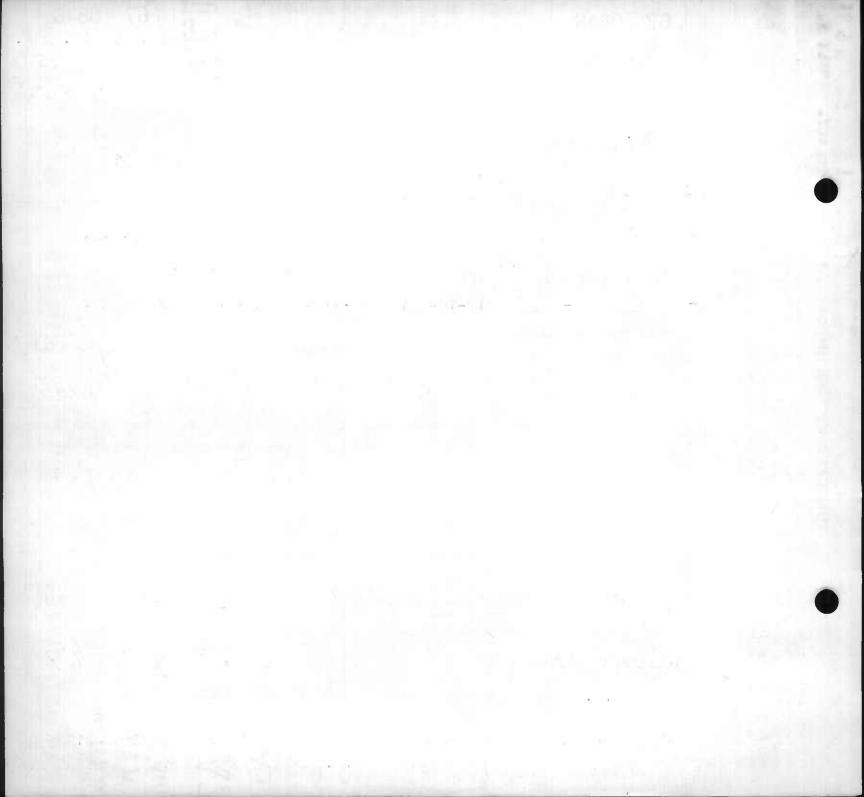
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	ho	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
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BIRTH NO. M.E. CASE NO.	67 0845)	CERTIFICA	TE OF DEATH	Registered No.			
1. NAME OF DEC					ND HOUR OF DEATH	1		
PLACE OF DE	EDNA	IRVI	N		22,1967	institution: residence before admission		
. TEACE OF DE	FULL NAME OF (If not in hospital or institution, give street				N TY	institution, lesidence before dumissi		
HOSPITAL OR	oddiess or locotic	n)		C. CITY OR TOWN (If o	utside city limits, write	RURAL and give township)		
00				Balto.		18-0		
0 11.	10 W. Sarat	oge St.		D. STREET ADDRESS (If rurol, give location)				
	9			1110 W. Sa	ratoga S	t.		
5. SEX	6. RACE		, NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months! Doys Hours Min.		
remale	Colored	Wido		March 3,1904	62	7.101.3		
				11. BIRTHPLACE (Stole or for	eign country)	12. CITIZEN OF		
Domes	f working lile, even if retired)			Balto. M	rd.	WHAT COUNTRY?		
3. FATHER'S NA					•			
				14. MOTHER'S MAIDEN NA	W.E			
Ben .	Johnson			Katie	7			
5. Was Decease	d Ever in U. S. Armed Fo	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	yes, give wor or do	co or service)		Daniel T. T	enby 2123	W. MulberrySt		
no					CHOS CIES			
18.4 2	21/		CAUSE O	DEAIN		ONSET AND DEATH		
DISEA	SE OR CONDITION DI		do d	10 11	L. M.c.	Por 14.10.		
(This does	nol meon the mode of		CAD L DA	10 Notan	(5 / m/4e	100 to 1601		
heart failure	, osthenio, etc. Il meons	the diseose				No.		
injury or co	injury or complication which coused death.)							
	ANTECEDENT CAUSES (B)				·			
DISEASES	DISEASES OR CONDITIONS, if ony, giving							
	rise to the obove couse (A) stoting the (C)							
ONDERCHIN								
Z OTHER SIGN	III	CONTRIBILITIA	G					
E TO THE E	DEATH BUT NOT REL	ATED TO TH						
	F OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208 IF YES WEDE	FINDINGS CONSIDERED		
= 0		FORMED			IN CERTIFYING CA	AUSES OF DEATH?		
19A. DATE O	ENT WAS UNDERLYING	218	PLACE OF INTERVIOR	o obout 21 C. WHERE DID	(If in Rollima	ne City, give exact location)		
OR CONTRIB	UTING CAUSE OF	hon	ne, form, foctory, street, of	fice bldg., INJURY OCCUR?	ut in equino	ie City, give exect tecesion)		
U	y medical examiner	etc.	.1					
OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?			
(APPROX.)		WH	nile At Not While	e				
	40.4				1-3 1-			
22. I certify	y that (1) (this hospita	l) ottended t	the deceased from		1963 10 1/5	1967		
that (1) (we) lost saw the deceos	ed alive an	1-11	19 and t	hat in(my) (our) ap	inion death occurred on the		
and hour or	nd from the causes sta	ted obove. (· ·	iew the body ofter deoth.				
23A. SIGNAT		22.21	1			23B. DATE SIGNED		
110	10 la	72/8	M.D. Alle	nding Med.	Stoff	172547		
WO	occur (7			Phys.	112212		
PAME-		. 1	1 / /	23D. ADDRESS	Mingt 2	24xx ~		
ANS	M 51) /	P3 X	N3+73 W.D.	7,7,4	9 1	2054 u/6		
24A. BURIAL CRI	EMATION, 248 DATE	24C. N	AME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	City, town, or county) (State		
Burial	(Specify) 1/26/	57 A	rbutus Memor			Md.		
		**						
	IAN OC 4007		OF REGISTRAR	25C. FUNERAL DIRECTO	4 11/	ADDRESS		
	JAN 26 1967	Olo Band	2. Farley MA	~ The Closuns to	MULAV Hou	ML 31941. LAMOROLI		
S 150-REV. 1/1/	/65	1		0 0 4 4	2 4/11/1	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN T		

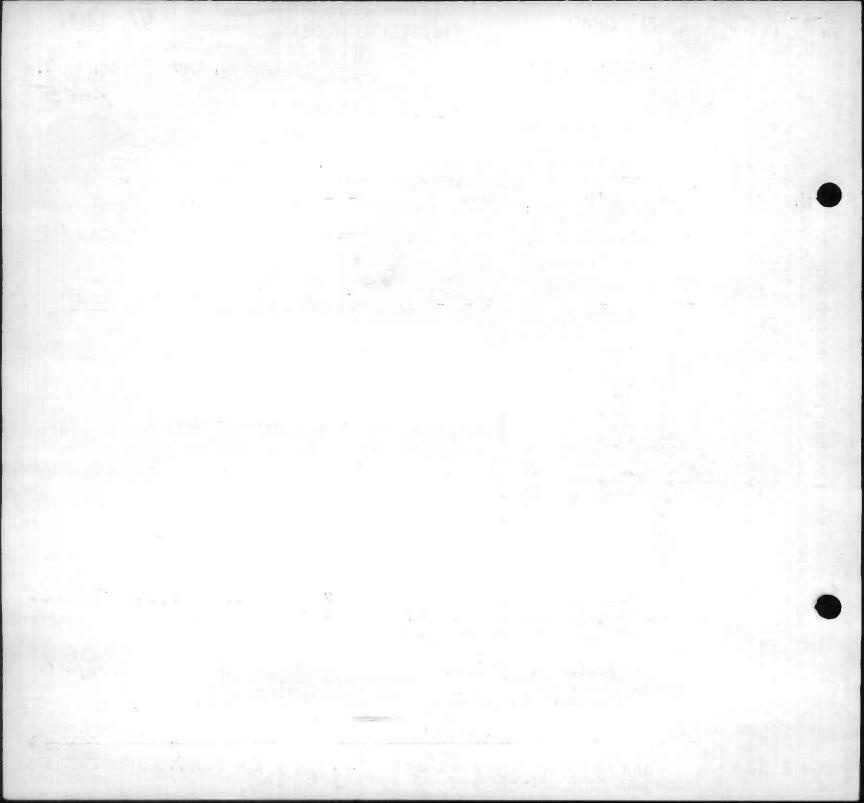


IMPORTANT

FUNERAL DIRECTOR:

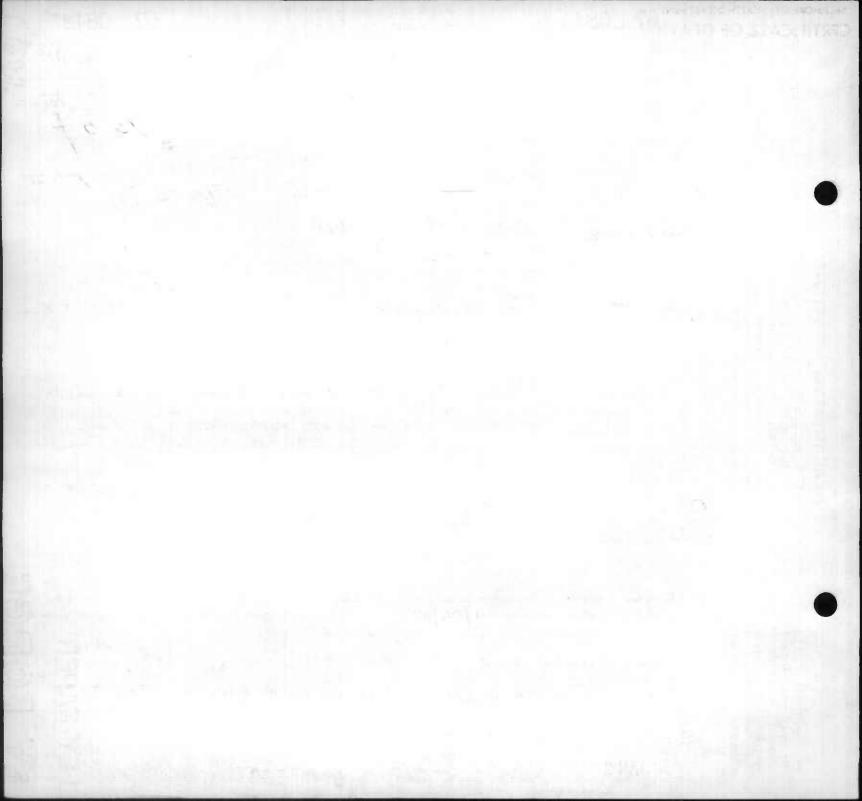


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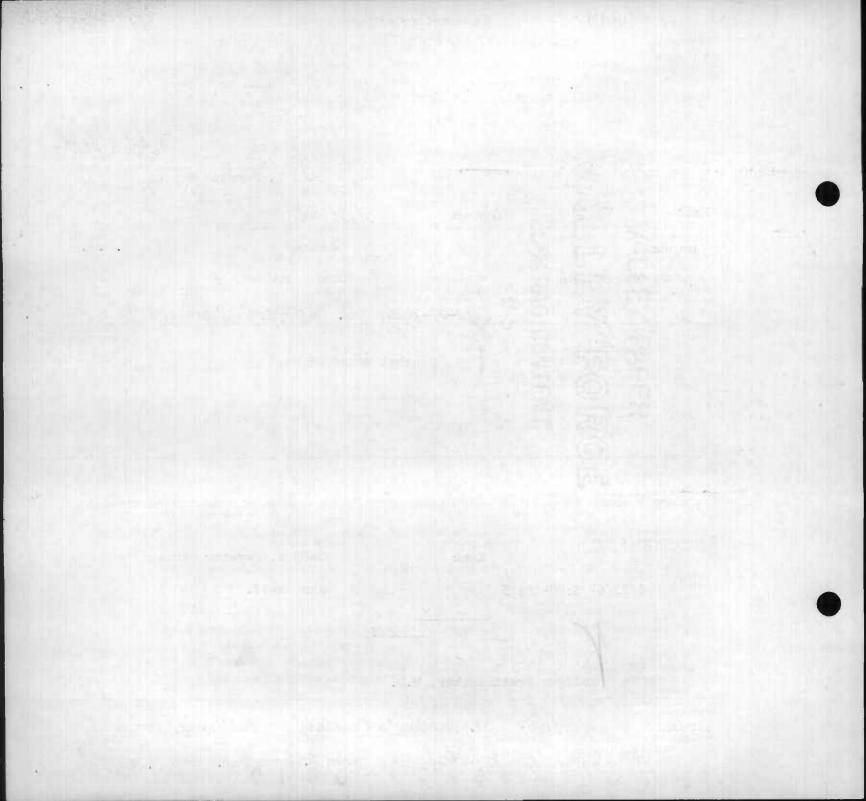
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67 0848 Diguer	BALTIMORE CITY	HEALTH DEPARTMENT		CM 0040				
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na	67. 0848				
M.E. CASE NO.			HOUR OF DEATH					
(Type or Print) SMITH, GEORGE	Willie			12:30 AM				
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A CTATE D COUNT	· ·	titutian: residence before admission)				
FULL NAME OF (If not in haspital ar institution, given the hospital or oddiess or location) INSTITUTION		C. CITY OR TOWN (If auts		URAL and offer township)				
LUTHERAN HOSPITAL OF	MARYLAND	BALTIMORE (II II	ual, give lacation)	1604				
46				ST.				
	EVER MARRIED		. AGE (In years	If Under 1 Yi. , If Under 24 Hrs.				
M N WIBOWED,	DIVORCED (specify)	6-29-15	ast binder	Manths Days Haurs Min.				
10A. USUAL OCCUPATION (Give kind al wark 10B. KIND OF B dane during 1959 of working life, even if retired)	USINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n cour y)	12. CITIZEN OF WHAT COUNTRY?				
Takerer Bug	he hence	ALA		USA				
13. FATHER'S NAME	18	14. MOTHER'S MAIDEN NAM	NE O	0				
NOT KNOWN Jam In	nith	MOT KNOWN	Nettre	Brown				
15. Was Deceased Ever in U. S. Armed Faices? (Yes, na oi unknawn) (II yes, give war ar dates af service)	6. SOCIAL SECURITY NO.	MARY SMITH	NO9 -45	563 ADDRESS				
ges NO WWIL	214-10-6296		1007 r	r. Stricker St.				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE O		1: 1 0	INTERVAL BETWEEN ONSET AND DEATH				
(This does not mean the mode of dying, e.g.,	(A) C	ongestive ca	rouae fail	ur.				
heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.)		O						
ANTECEDENT CAUSES	(B)	OLMONARY E	MBOLISM,	1 WEEK				
DISEASES OR CONDITIONS, if any, giving								
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C) HS Ha	protensive cord	LO VUSCUS (Y					
			· ·					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
DISEASE OR CONDITION CAUSING IT.	ICH OPERATION	[20A. AUTOPSY? (Yes or No)	20B. IF YES. WERE FI	NDINGS CONSIDERED				
19A. DATE OF OPERATION 19B. CONDITION FOR WE WAS PERFORMED		20 A. AUTOPSY? (Yes ar Na)	IN CERTIFYING CAU	SES OF DEATH?				
U 21A. ACCIDENT WAS UNDERLYING 21B. P	LACE OF INJURY (e.g., in larm, loctary, street, of	ar about 21C. WHERE DID injury OCCUR?	(11 in Baltimare	City, give exact lacotion)				
21 D. TIME (Manth) (Day) (Year) (Haur) 21E, II	NJURY OCCURRED	21 F. HOW DID INJU	IRY OCCUR?					
While (APPROX.)	At Wark							
22. I certify that (I) (this hospital) ottended the	22. I certify that (1) (this hospital) attended the deceased from 1 22 1967 to 1 24 1967.							
that (I) (we) lost saw the deceased alive on	124/67	1967 ond the	t In(my) (our) apin	ion death occurred an the date				
ond haur ond fram the causes stated obove. (1)	(We) (did) (did nat) v	iew the body after death.		23B. DATE SIGNED				
U. Biswanath Pella	M.D. Atte	nding Med.		1/24/67				
23C.PHYSICIAN'S	Fily	Director Director	Stafl Phy s.	1,24161				
NAME (Type) BISWAMATH PIL		LUTHERAN HOS		MARYLAND.				
24A. BURIAL CREMATION, 24B. DATE 24C. NAA	AE of CEMETERY OF CRE	730 ASH BUR MATORY 240. LO		y, tawn, or county) (State)				
Burial 113067 Ba	otemano	Vational D	actions	il mix.				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	250 FUNERAL DIRECTOR	0 011 2	ADDRESS				
JAN 26 1967 R.C. 5 A	Z , VIGANEUTVIII	Milianger	es shell	epe 1/2/11/ Mouro				



	67	0849		BALTIMORE CITY HEAL	TH DEPART	MENT		67	0849
BIRT	H NO.	MEDI	CAL EX	AMINER'S C	ERTIFIC	CATE OF I	DEATH Registe	ered Na	
_	CASE NO.								
1. N	e or Print)		DET			1	D HOUR PRONOUNC	ED DEAD	11 00 4
2 0		JOHN 9.	BEIG		A HEHAL	Januar	deceased lived If ins	titution: socide	11:00 A _M
3. 1	LACE IN BALI	IMORG MARIEAND, W	HEKE PRONOC	INCED DEAD	A. STATE		B. COL	UNTY	nice belove domission/
HO:	L NAME OF SPITAL OR STUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITUTION)	TION, GIVE STREET	C. CITY O	Maryland R TOWN (If outside Baltimore	e corporate limits, write	RURAL one	give township
1	00	3405 E. Faye	tte Stre	eet	D. STREET	ADDRESS (If rurol,	give locotion)	eet	1
5, 51	EX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF		9. AGE (In years	If Under	Yr, If Under 24 Hrs.
7	Male	White	111 .	DIVORCED (specify)	5/17	11885	lost birthday	Months E	Poys Hours Min.
			90000	DWECL BUSINESS OR INDUSTRY	11. BIRTHPL	ACE (State or foreig		12. CITIZEN	1 OF
	during most of w	vorking life, even if retired)			_				COUNTRY?
13. F	ATHER'S NAM	E				CIMOLIY S MAIDEN NAMI		u.	3.71.
	Genha	rdt Beigel			An	na (unkn	own)		
	VAS DECEASEI	DEVER IN U.S. ARMED		16. SOCIAL	17. INFORM		Date /	ADDRESS	
(Yes	, na or unknown)	(If yes, give war or date	s of service)	SECURITY NO,	M	V 11	- 1.1.1 7	220 8-	ashward Dd
-	No 1B,		-	212-0/-/420			le Hallon I		echwood Rd.
	EY	16/1		CAUSE	OF DEATH	300			ONSET AND DEATH
	DISEAS	E OR CONDITION DI	RECTLY	Cumobas	Llaund	of Hood			
	(This does n	at mean the made of ostherio, etc. It means	dying, e.g.,	(A) Gunshot	L Would	or nead			
	injury or con	nplication which caused	deoth.)						
	А	NTECEDENT CAUSES							
		OR CONDITIONS, IF A		DUE TO		•••••			
		E ABOVE CAUSE (A) ST IG CONDITION LAST.	A IING THE						
Z O		10010		(C)		••••••			
CERTIFICATION	OTHER SIGN	II VIFICANT CONDITIONS	CONTRIBITION	J.G.					
F	TO THE	DEATH BUT NOT REL	ATED TO T						
RT	19A. DATE OF	OPERATION LAUSING		WHICH OPERATION	120A. AU	OPSY? (Yes or No)	20B. IF YES, WERE FI	INDINGS CO	N SIDERED
ü	0	WAS PER					IN CERTIFYING CAU		
¥	21 A. EXTERNAL	CAUSE WAS	21 B.	PLACE OF INJURY (e.g., i			(If in Boltimore City, gi	ive exoct loc	otion)
EDICA	UTING CAU	OR CONTRIB-	etc.)	Home	mce blog., II		Fayette Stre		
Σ	21D TIME	(Month) (Doy) (Year	Hour)A 2	1E. INJURY OCCURRED	2	IF. HOW DID INJU		ee c	
	OF INJURY (APPROX.)	1/25/67 8:00		WHILE AT NOT	WHILE X	Shot sel:	f		
	22.	ify that I held on I					is basis, death in r	my apinian	
	resul	ted from: Natural ca	ses A	ccident _ / Suicide			Indetermined mann		
		11/1/	1	- //		F MEDICAL EX			
	ACTUAL		tur	wells		IT MEDICAL EX			DATE SIGNED
	SIGNATI EXAMIN NAME (1	ER'S Rudige	r Breite	enecker, M.D.					1/25/67
	BURIAL CREA	MATION, 238. DATE	23	C. NAME OF CEMETERY O	CREMATO	RY 23D. L	OCATION (City	, town, or co	iunty) (Stote)
11	Run ia	1/28/	1067	St Matthaul	4 Cama	tonu	Raltimana	Manuel	land
	Burial DATE REC'D	BY HEALTH DEPT.	24B, NAME	St. Matthew!	24C. F	UNERAL DIRECTOR	Baltimore,	AL	DDRESS
			Robert	E. Farbura	Joh	n A. Monan	Inc. 3000	E. Bas	timore St

John A. Moran Inc. 3000 E. Baltimore St.



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FUNERAL DIRECTOR: IMPORTAN	approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased al (except where the physician who pronounced death was in regular attendance on the h); and (6) No physician was in regular attendance on the be obtained before the remains are embalmed or final disposition is made.
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	This certificate must be the body was released shows: (1) An accident owas D.O.A. at a hospita deceased prior to death written approval must the
	D A J d d
	EXECTO
	Se C
	N N N N N N N N N N N N N N N N N N N
	and
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	CATE OF DEATH Registered No. 67 0850
IRTH NO. 67 0850 CERTIFIC	CATE OF DEATH Registered No. 07 00.00
A.E. CASE NO. NAME OF DECEASED	2, DATE AND HOUR OF DEATH
Type or Print) Williams, Sarah	January 22, 1967 8:40
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admiss A. STATE B. COUNTY
FULL NAME OF flf not in hospital or institution, give street	Maryland
HOSPITAL OR oddiess or location)	C. CITY OR TOWN flf outside city limits, write RURAL and give towaship)
National Provident Hospital Inc.	Baltimore 6-0
1514 Division Street	D. STREET ADDRESS (If rurol, give location)
Baltimore, Maryland 21217	701 N. Carrolton Street
SEX 6. RACE 7. MARRIED, NEVER MARRIED PROPERTY OF THE PROPERTY	B. DATE OF BIRTH 9. AGE fin years If Under 1 YI. II Under 24 Months Days Hours Min
	Sept. 8. 1901 65
OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Retired	Balto., Maryland U.S.A.
3. FATHERS NAME	14. MOTHER'S MAIDEN NAME
****	unk.
S. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
Yes, no or unknown) flf yes, give wor or dotes of service) SECURITY NO.	Mrs. Annabelle Stansbury 701 Carrol
No.	SE OF DEATH INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY	ONSET AND DEATH
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	U. T. I. with Dehydration
(This does not mean the mode of dying, e.g., (A) (A) (DUE TO	J. 1. 1. With Dengarder
heorl failure, ostherio, etc. It meons the disease, injury or camplication which coused death.)	
ANTECEDENT CAUSES (B) DUE TO	Renal Failure
DISEASES OR CONDITIONS, if ony, giving	
rise to the above couse (A) stoting the (C)	
UNDERCTING CONDITION 1031.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	No
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e., or CONTRIBUTING CAUSE OF home, form, loctory, stree	e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) et, office bldg., INJURY OCCUR?
O DEATH (notify medical examiner)	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	
	While Work
22. I certify that (1) (this haspital) attended the deceased from	
that (I) (we) last sow the deceosed alive on January 22,	
and hour and from the couse of stoted obove. (1) (We) (did) (did no	January Commence Comm
23A. SIGNATURE	238. DATE SIGNED
A- Willy M.D.	Attending Med. Stoff Phys.
	M.D. 1514 Division Street Balto., Md. 2121
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or	e CREMATORY 24D. LOCATION (City, town, or county) (Stot
Burial 1-26-67 Mt. Auburn	Cemetery Balto. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
TAN OR 1057 A. A. A. Er tallogua	Morton & Dyett F.H. 1701 Laurens
/S 150-REV. 171765	

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Samoni.

25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/JAN 26 196

Such

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attendance on the death.

BALTIMORE	CITY	HEALTH	DEPARTMENT
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Maryland ADDRESS

1701 Laurens St.

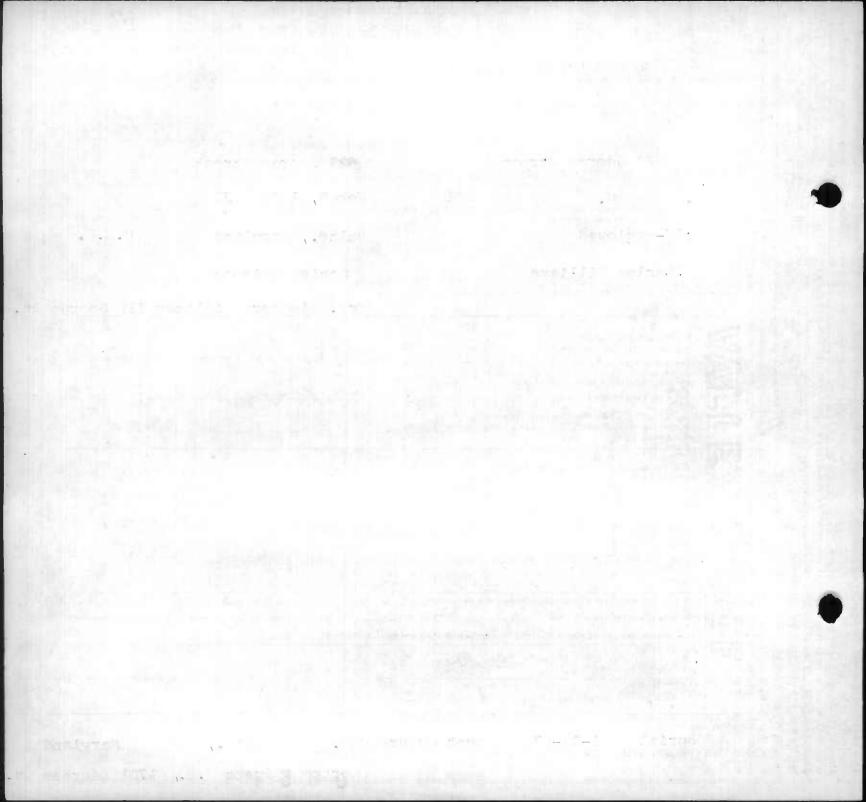
		2. DATE AND HOUR OF DEA	TH.			
(Type or Print) HEPREDT TO	UIS WILLIAMS	Jan 25 191	7			
B. PLACE OF DEATH IN BALTIMORE, M.		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A, STATE B. COUNTY MARYLAND C. CITY OR TOWN (If autside city limits, write RURAL and give towaship)				
HOSPITAL OR address or lacation	l or institution, give street an)					
INSTITUTION		BALTIMORE	11-0			
629 George S	street	D. STREET ADDRESS (If rurol, give locotion) 629 George Street				
S. SEX 6. RACE N. N.	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	B. DATE OF BIRTH P. AGE (In years lost birthdoy) 72	If Under 1 Yr. If Under 24 Hr Manths Doys Haurs Min.			
OA. USUAL OCCUPATION (Give kind of wa lane during mast of warking lile, even if retired)			12. CITIZEN OF WHAT COUNTRY?			
Self-employed		Balto, Maryland	U.S.A.			
3. FATHERS NAME		14. MOTHER'S MAIDEN NAME				
Charles Willia		Annie Robinson				
5. Was Deceased Ever in U. S. Anned Fo Yes, no ar unknawn) (If yes, give war ar da	orces? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
	The second second	Mrs. Eleanora Willia	ums 629 George St			
1B. 2 0 7 1 1	CAUSE O		INTERVAL BETWEEN			
DISEASE OR CONDITION D	IRECTLY	. 0	ONSET AND DEATH			
LEADING TO DEATH	1	- A h rean o	1 year			
(This does not mean the mode of			0			
hearl failure, osthenio, etc. II meon		9				
	(4-	dis Vosulados	en 7 men			
ANTECEDENT CAUSE	(4-	dis Vosulado	es 7 yeu			
ANTECEDENT CAUSE DISEASES OR CONDITIONS, if	S DUE TO	the Vosulage	en 7 yeur			
ANTECEDENT CAUSE DISEASES OR CONDITIONS, if itse to the obove couse (A)	S DUE TO	dis Vosulação	eo 7 yeu			
ANTECEDENT CAUSE DISEASES OR CONDITIONS, if	S DUE TO	dis Vosulação	eo 7 yeu			
ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION lost.	S DUE TO Ony, giving Staling the (C) CONTRIBUTING LATED TO THE	the Vosulage	es,7 yeu			
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ANTECEDENT CAUSE DISEASES OR CONDITIONS, if ities to the obove couse (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CO WAS PE	S DUE TO Ony, giving Staling the (C) CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION REFORMED	IN CERTIFYING				
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ANTECEDENT CAUSE DISEASES OR CONDITIONS, if itse to the obove couse (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CO WAS PE 121A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Pay) (Year	Ony, giving slaling the (C) CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION REFORMED 218, PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) (Hour) 21E, INJURY OCCURRED While At Not While	n ai about 21 C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	CAUSES OF DEATH?			
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ANTECEDENT CAUSE DISEASES OR CONDITIONS, if ities to the obove couse (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. COWAS PE 121A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Day) (Year OF INJURY (APPROX.) 22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and fram the causes stream of the cause stream of the causes stream of the causes stream of the cause stream of the causes stream of the cause stream of the ca	Ony, giving ony, giving staling the CONTRIBUTING ATED TO THE IT. NODITION FOR WHICH OPERATION REFORMED 218. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.) (Hour) 218. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.) While AI Not While Work At Work al) attended the deceased fram	IN CERTIFYING In air about 21C. WHERE DID Iffice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	nare City, give exact lacaban) 1967			
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ANTECEDENT CAUSE DISEASES OR CONDITIONS, if itise to the obove couse (A) UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CO WAS PE OF CONTRIBUTING CAUSE OF DEATH (nutify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nutify medical examiner) 21D. TIME (Month) (Day) (Year OF INJURY (APPROX.) 22. I certify that (I) (this hospitated that (I) (we) last saw the decease and haur and fram the causes structure of the couses structure of the couse	Ony, giving staling the (C) CONTRIBUTING LATED TO THE IT. NDITION FOR WHICH OPERATION RFORMED 218, PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.) (Hour) 21E, INJURY OCCURRED While At Work al) attended the deceased fram seed alive an attended the deceased fram attended abave. (f) (We) (did) (did not) while At Work A.D. Atterphy	IN CERTIFYING In ar about 21C. WHERE DID In ar about 21C. WHERE DID Iffice bidg., INJURY OCCUR? In ar about 21C. WHERE DID If in Balting In CERTIFYING IN CERTIFYING	nare City, give exact lacohan) 1967 Tpinian death accurred an the d			

Mount Auburn Cem. Balto.

258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

Morton

& Dyett F.H.,



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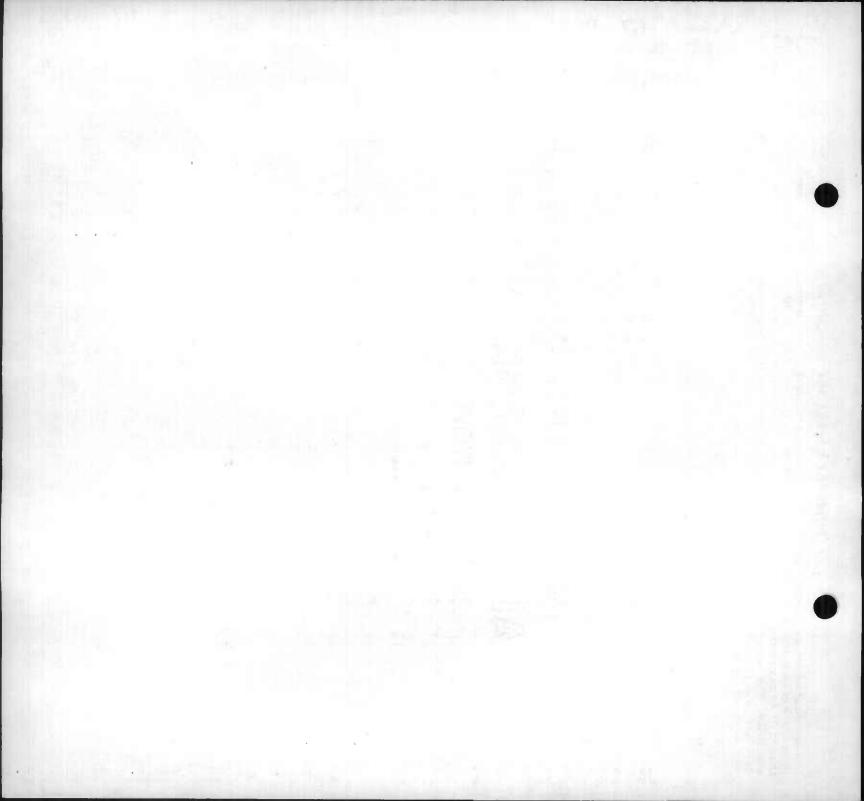
0	0050	BALTIMORE CITY	HEALTH DEPARTMENT		67 085%	
	BIRTH NO. 67 0852	CERTIFICA	TE OF DEATH	Registered No	07 000%	
	M.E. CASE NO. 1. NAME OF DECEASED			D HOUR OF DEATH		
	(Type or Print) Srows	3 Bessi	e 1-	24-6	7 1 (0:30 Pm.	
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND			deceased lived. It ins	stitution: residence before admission)	
	FULL NAME OF (If not in haspital or institut HOSPITAL OR oddress or location) INSTITUTION	ion, give street	C. CITY OR TOWN (If autside city limits, write RUPAL and give township) BALTIMORE D. STREET ADDRESS (If rural, give location)			
	THE JOHNS HOPKINS	HOSPITAL				
n is made.	33		412 OXFURD COURT 21201			
		RIED, NEVER MARRIED DWED, DIVORCED (specify)	8. DATE OF BIRTH 9	9. AGE (In years ast birthdoy)	If Under 1 Yr. It Under 24 Hrs. Manths Doys Haurs Min.	
	16A. USUAL OCCUPATION (Give kind of work 10 B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?	
0	done during most of working life, even if retired) Clerk Soc	ial Security	Laurel, S. C	'arolina	U.S.A.	
sit	13. FATHER'S NAME	tar becarrey	14. MOTHER'S MAIDEN NAM		0.5.A.	
disposition	Quay Brown		DOLLIE Wilke			
	15. Was Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	2	ADDRESS	
final	(Yes, na or unknawn) (If yes, give wor or dotes of serv			D 06		
Ę				Brown 36	45 Gelston Drive	
0	18. 467.21	CAUSE O	F DEATH	1	ONSET AND DEATH	
P	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	7	1 1 1 6			
E	(This does not mean the made of dying,	e.q., DUE TO	mui gue	My mour	7-0-16	
balmed	heart failure, asthenio, etc. It means the dise injury or complication which caused death.)		mbstil or!	primaria	1 2-6 cuartes	
еш	ANTECEDENT CAUSES	(R)	0	1 10		
		DUE TO	myocard	opa My		
are	DISEASES OR CONDITIONS, if any, gi		0	1 0		
	UNDERLYING CONDITION last.					
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO					
0	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.)	208 te vec weer e	INDINGS CONSIDERED	
the	WAS PERFORMED	OK WHICH OFERATION	10C	IN CERTIFYING CAU	ISES OF DEATH?	
before	U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., in	n ar obout 21 C. WHERE DID	(It in Boltimore	City, give exact location	
efe	OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	home, torm, foctory, street, at	ffice bldg., INJURY OCCUR?		,,	
	21D. TIME (Month) (Day) (Year) (Hour)		275 11211 213 1111			
ained	S OF INJURY	21E, INJURY OCCURRED While At Not While	21F. HOW DID INJU	JRY OCCUR?		
	(A PPROX.)	Wark Al Work				
obt	22. I certify that (I) (this taspital) attend	ed the deceased fram	1-19	96 to 1-	ZY 1967.	
0	that (1) (ye) last saw the deceased alive	on /- 2 '	19 67 and the	it in(my) (out) apin	ian death accurred on the date	
st b	and have and from the causes stated above	re. (1) (We) (did) (did not) v				
2	23A. SIGNATURE		-		23B. DATE SIGNED	
E _	David Sted	Sov M.D. Alte	ending Med. Director	Staff Phys	1-24-67	
>	23C.PHYSICIAN'S		23D. ADDRESS			
DIO	DAVID S. FEDSON	M.D.	THE	JOHNS HOPK	KINS HOSPITAL	
approval		C. NAME of CEMETERY OF CRE			y, town, or county) (State)	
9	Burial 1-28-67	Arbutus Memor	rial Park A	rbutus,	Maryland	
written	25A. DATE REC'D BY HEALTH DEPT. 25B. NA.	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS	
3	JAN 26 1967 (1)	Post & Follow	-11 54	10104	- 11/1H2	
	VS 150-REV. 1/1/65	AL AGNOODER	- 1 19 0 OVEROUS	- good	- 1 (UIL alinim	

- Daniel Stalen-

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 23, 30- Q. M. Jan. Bessie Brown 1a ~ 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND wate RURAL and give towns If Under 24 Hrs. If Under 1 Yr. Months: Doys Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Jennie Mason 1639 Westwood Avenue INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact lacotion) ...and that in(my) (our) opinion death occurred on the dote 238, DATE SIGNED Baltimore Nat'l. Baltimore, Maryland Cem. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF 25C. FUNERAL DIRECTOR Kelson 1348 N. Calhoun St. VS 150-REV. 1/1/65

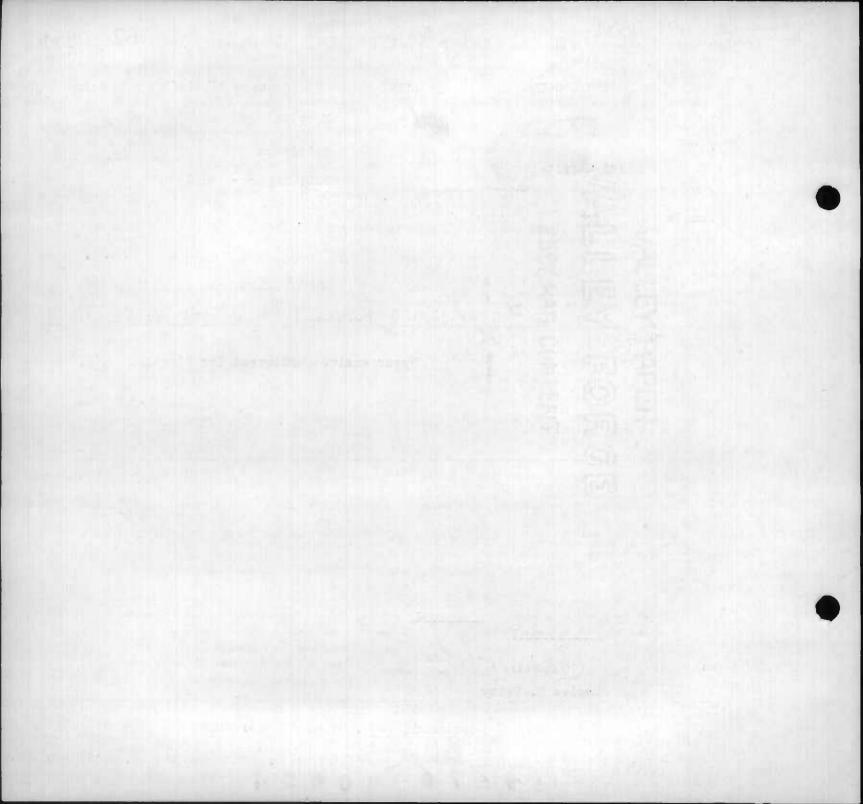


67 0854

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered N67 0854

M.E. CASE NO.							
1. NAME OF DECEASED	- 1	0		2. DATE AND HOUR PRONOUN			
THEODOS.		OWENS		January 24, 196	147		
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	A. STATE	B. CC	stitution: residence before odmission		
FULL NAME OF (IF NOT IN HOSPITA	AL OR INSTITU	JTION. GIVE STREET		yland	11		
HOSPITAL OR ADDRESS OR LOCA	ΠΟΝ)		C. CITY OR TOV	NN (If autside corporate limits, wr	ite RUJAL and give lownship)		
11311011011			Bal	timore	12		
Sinai Hospita	al		D. STREET ADDI	RESS (If rural, give location)			
170			370	01 Edgerton Road	the same was		
5. SEX 6. RACE		NEVER MARRIED	B. DATE OF BIRTI	H 9. AGE (In years	s If Under 1 Yr. If Under 24 Hrs		
Female Negro	70.00	DIVORCED (specify)	177 - 1		Months Doys Haurs Min.		
Female Negro	TACTT.	ried	I BIRTHPLACE	State or foreign country)	12. CITIZEN OF		
done during mast of warking life, even if retired)	1,100	50311255 01 111501111			WHAT COUNTRY?		
			Mary]	Land	U.S.A.		
3. FATHER'S NAME			14. MOTHER'S M	AIDEN NAME			
Frank P.	arker		Man	mie Warters			
5. WAS DECEASED EVER IN U.S. ARMED Yes, na arunknawn), (If yes, give wor ar date		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS		
res, na aronknawn ur yes, give wor ar dale	3 di servicei	212323148	Mancall	lus Owens 3701	Eagerton Road		
18. // // 5 //			OF DEATH	tus owers 7701	INTERVAL BETWEEN		
1.443XI		CAUSE	OF DEATH		ONSET AND DEATH		
DISEASE OR CONDITION DI	RECTLY	77		2 1 !			
LEADING TO DEATH		[M]	rtensive (Cardiovascular Dis	sease.		
heart failure, asthenia, etc. It meons	(This does not meon the made of dying, e.g., DUE TO						
injury or complication which caused death.)							
ANTECEDENT CAUSE	ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, IF A							
RISE TO THE ABOVE CAUSE (A) S' UNDERLYING CONDITION LAST.	IA IING THE						
Z		(C)					
2							
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE							
DISEASE OR CONDITION CAUSING							
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON WAS PER		WHICH OPERATION	20A. AUTOPSY	? (Yes ar Na) 208. IF YES, WERE	FINDINGS CONSIDERED		
WAS PER	FORMED		No	IN CERTIFYING CA	USES OF DEATH?		
21 A. EXTERNAL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or about 21C. V	VHERE DID (If in Baltimore City,	give exact location)		
UNDERLYING OR CONTRIB-	etc.)	e, farm, foctary, street,	affice bldg., INJUR	OCCUR?			
2		TE INTUING OF STREET	015 114	OW NO INTERVOCATION			
OF INJURY		TE. INJURY OCCURRED		OW DID INJURY OCCUR?			
(APPROX.)	m.	WHILE AT NOT	WHILE				
22.							
I certify that I held on I	nquiry	Inspection X Au	topsy and	d that on this bosis, death in	my opinion		
resulted from: Natural co	uses X	Accident Suicid	e Homici	de Undetermined mor	iner		
	,		CHIEF M	EDICAL EXAMINER	DATE SIGNED		
ACTUAL (O)	acles!	Cetty "	ASSISTANT M	EDICAL EXAMINER			
	secu.	м. В	ASSOCIATE	EDICAL EXAMINER	1/24/67		
NAME (Type) Charles	S. Pett	У	ASSOCIATE M	LDICAL EXAMINER			
23A. BURIAL CREMATION, 23B. DATE		C. NAME OF CEMETERY	CREMATORY	23D. LOCATION (C	ity, town, or county) (State)		
REMOVAL (Specify)	(17)	A - 7 1 Ti	Inm Darah	Amhartasa	Maryland		
Burial 1-28		Arbutus N					
24A. DATE REC'D BY HEALTH DEPT.	24B, NAME	OF REGISTRAR		AL DIRECTOR	ADDRESS		
IAN 9 8 1967 (P Com Fr	E. Falleyma	Georg	ge G. Kelson 13	348 N. Calhoun		
VS 151-REV. 1/1/65	10000	6700	0 0 0	13 /1			
43 131+KE4: 1/1/03	E SUM	1 1 1	1 1 1 1 1 1	. 1			



67 0855	BALTIMORE CITY H	EALTH DEPARTMENT		67 0855
IRTH NO.	CERTIFICAT	E OF DEATH	Registered Na	0000
FULL NAME OF HOSPITAL OR HOSPI	e street	. USUAL RESIDENCE (Wh . STYLE B. COU	ere deceased lived. If ins	itution: residence before admissia
UNIVERSITY HOSPITAL		Bal Tim	ore found, give lacotion)	4.
F C Syar	DIVOICED (specify)	1/24/09	AGE (In years	If Under 1 Yı. If Under 24 Hr Months: Days Hours Min.
0A. USUAL OCCUPATION (Give kind of work 108. KIND OF BL lane duging mast al warking life, even if retired)		Maryle	eign country)	12. CITIZEN OF WHAT, COUNTRY?
Thomas Hack		Hanna	?	
5. Was Deceased Ever in U. S. Armed Farces? [6s, na ar unknown] (If yes, give war ar dates of service)	SECURITY NO.	Legnard	Covingto	~ 2731 PRESBU
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF I	DEATH	(arcinoma ven)	INTERVAL BETWEEN ONSET AND DEATH
injury at camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving tise to the above couse (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	(B) DUE TO (C)			
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHI	ICH OPERATION	20A. AUTOPSY? (Yes or N	10) 208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF home, DEATH (notify medical examiner)	ACE OF INJURY (e.g., in a form, factory, street, office	about 21 C. WHERE DID	(If in Baltimare	City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E, IN White (APPROX.)	JURY OCCURRED Nor While At Wark	21F. HOW DID IN	JURY OCCUR?	
22. I certify that (I) (this hospital) attended the that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. (I) (23A. SIGNATURE	(did) (did not) view	w the bady after death.		ian death accurred on the d
			My 1100	The same of the sa
BURIAL 1-28-67 AR	E OF CEMETERY OF CREM. BUTUS NE	ATORY 24D.	FRBUTUS,	HARYLAND

Mosyland 646 Hoffor St. Sycapted Mary land beautision Thomas Hack Hanna Deemand Cormadon ? 100 Bronchoganic corcinoma 2 mes A. M. Morris MD. University Hospital

IMPORTANT

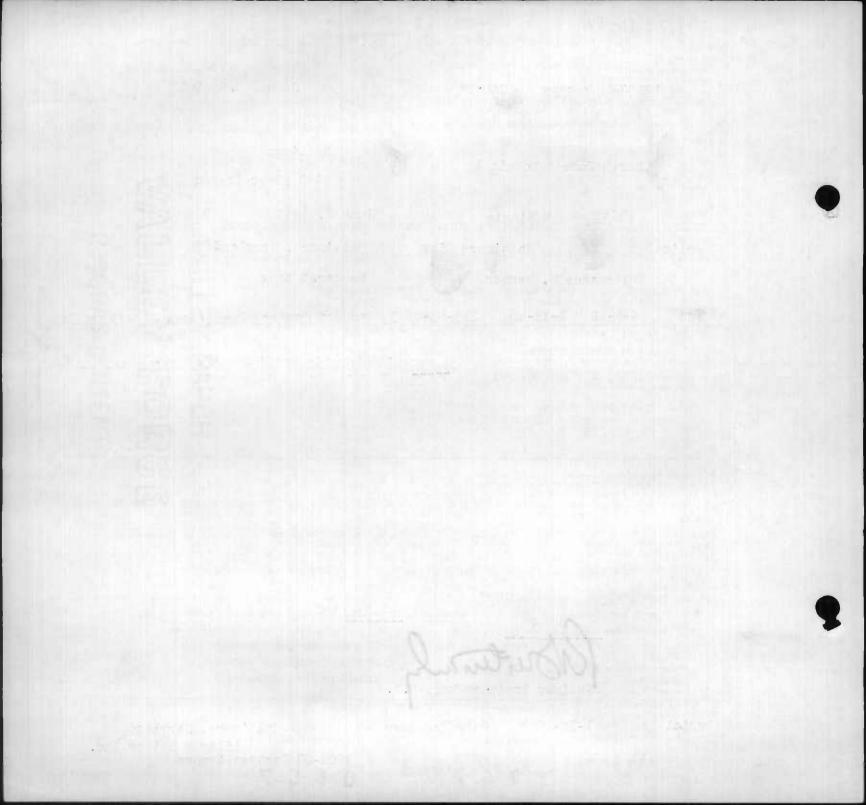
DIRECTOR:

FUNERAL

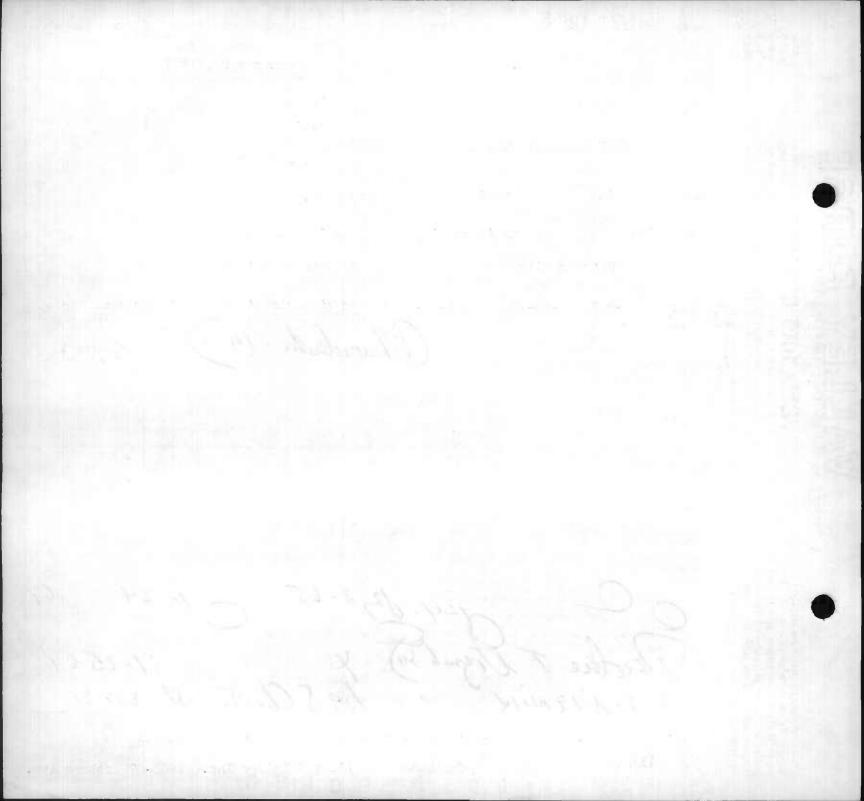
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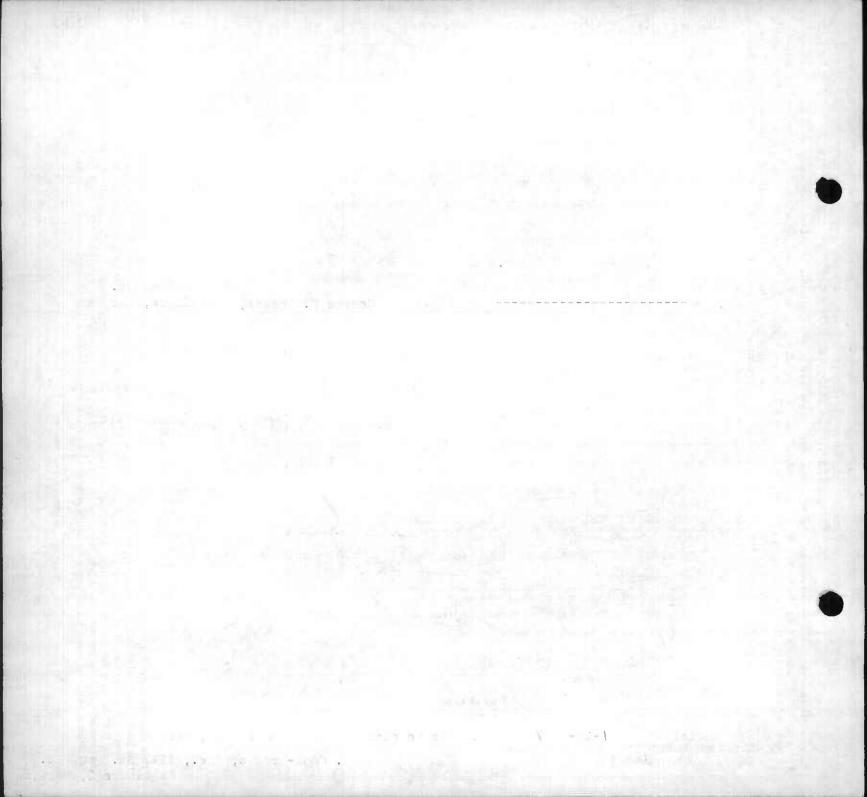
BALTIMORE CITY HEALTH DEPARTMENT

0116		74122	I CAL LA	AMIII TEIL O CI		IL OI	DEATH		
	E CASE NO.								
1. NAME OF DECEASED (Type or Print)					2. DATE AND HOUR PRONOUNCED DEAD				
	W	LLIAM JOSEF	H BAI	JMER			ry 25, 1967	2:15	A M
	LACE IN BALT	IMORE MARYLAND,	WHERE PRONOL		4. USUAL RESI A. STATE	DENCE (Where	deceosed lived. If insti B. COU	tution: residence before	odmi s sion
HO IN S	SPITAL OR	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITU ATION)	ITION, GIVE STREET	C. CITY OR TO	WN (If outside		RURAL and give to ans	ship)
	35 0	Church Homé	& Hospita	a1	D. STREET ADI	ltimore			
					24	05 Flee	t_Street_		
5. 5	EX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIR	тн	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Und Months, Doys, Hours	
	Male	White			June 8,	1917	49	171011113	1
			Single	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or forei		12. CITIZEN OF	i
	e during most of v	vorking lite, even if retired						WHAT COUNTRY?	'
13.	Police	A F	Baltin	ore City	14. MOTHER'S A	ore, Ma	ry rand		
		Germanus H	. Baumer			et Long			
		O EVER IN U.S. ARME		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
-	Yes -	701-	13-46	213-03-09/13	Danhana	Danman	מויטל שז+	Chanak	
	1B. 41 B	7-0-42 1-	17-40		OF DEATH	Daumer	2405 Fleet	INTERVAL B	ETWEEN
CERTIFICATION	DISEASES RISE TO TH UN DERLYIN OTHER SIG	not meon the mode of osthenio, etc. If meon mplicohon which coused NATECEDENT CAUS OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LAST II NIFICANT CONDITION TO THE R CONDITION CAUSIN	IS the disease, death.) ES ANY, GIVING STATING THE S CONTRIBUTING ELATED TO T				Severe		
19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED					20A. AUTOPS	Y? (Yes or No.	20 B. IF YES, WERE FIN		
MEDICAL	UNDERLYING	L CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., , form, foctory, street, o	in or obout 21 C. office bldg., INJU	WHERE DID RY OCCUR?	(If in Boltimore City, gi	ve exact location)	
2	21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Ye		VHILE AT NOT AT W	WHILE	OW DID INJ	URY OCCUR?		
	22.	tify that I held on			opsy X a	nd that an th	is bosis, deoth in m	ny opinion	
		ted fram: Nojura c		ccident Suicid			Undetermined manne		
		1)					XAMINER _		
	SIGNAT		rust	4 2 M.D.	ASSISTANT I	MEDICAL E	XAMINER X	DATE SI	GNED
	EXAMIN NAME (Type) 'Rudig		enecker, M.D.	ASSOCIATE	MEDICAL E	XAMINER	1/25/6	67
REA	N. BURIAL CRE MOVAL (Specify Burial		1 -	C. NAME of CEMETERY of Holy Redeemer			timore. Mary	town, or county)	(Stote)
24/	100	AN 26 1967		OF REGISTRAR	24C. FUNE	RAL DIRECTO	Lilly & Ze	eiler Inc.	
VS	151-REV. 1/1/		Ullian II	C. CONSUM	0 0 0	F2 61			



	000	->	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	67 0858		CERTIFICA	TE OF DEATH	Registered No.	67 0858
M.E. CASE NO. 1. NAME OF DI					ID HOUR OF DEATH	01
Type or Print)	PETER	R H. R	ILEY		ry 24, 1967	
B. PLACE OF D	DEATH IN BALTIMORE, M.			4. USUAL RESIDENCE (When	re deceased lived. If i	institution: lesidence before admissio
				A. STATE B. COUN	TY	
FULL NAME OF (If not in hospitot or institution, give street HOSPITAL OR oddress or location)		Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
INSTITUTION				Baltimore	isige city lilling, wille	MONE dia die lanisia.
OT	2007 Portug	rel C+ma	+	D. STREET ADDRESS (If	iuiol, give location)	
00	2001 101048	Sar Dore	36	2007 Portu		
• SEX	6. RACE	7. MARRIED.	NEVER MARRIED	+	9. AGE (In years	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
Male	White	Marr	D. DIVORCED (specify)		lost birthdoy)	Months Days Hours Min.
				March 17, 1900	an country)	12. CITIZEN OF
	of working life, even if retired)			11, 21, 21, 21, 21, 21, 21, 21, 21, 21,	9	WHAT COUNTRY?
Custod		Baltin	nore City	Baltimore, Maryland		
3. FATHER'S N.	AME			14. MOTHER'S MAIDEN NA	MĚ	
	Charles F	Riley		Bendena Schwe	iger	
5. Was Deceos	sed Ever in U. S. Armed Fo	orces?	16. SOCIAL	17. INFORMANT		ADDRESS
	wn) (If yes, give wor or do		SECURITY NO.	Mrs Victoria R	ilow 2007	Pouturel Street
Yes	8-217 4-1	15-19	217-09-4833	OF DEATH	11eh 500 l	Portugal Street
1/2 00	ACE OF CONDITION D	Inf CTI V	1)	+ 1	0.1.	ONSET AND DEATH
DISE	ASE OR CONDITION D		(// //	monderate	(01) 1)	·
(This does	not meon the mode of	of dying, e.g.,	A) DUE 10	VOJ. COOUV		7
	re, osthenio, etc. Il meon complication which couse					/
111(01) 01 0	ANTECEDENT CAUSE		B)			
DICEACEC			DUE TO			
	OR CONDITIONS, if the obove couse (A)		(C)			
	NG CONDITION lost.	3			***************************************	
	- 11					
O THER SIG	DEATH BUT NOT REL	CONTRIBUTIN	G			
DISEASE C	OR CONDITION CAUSING	IT.				
19A. DATE		NDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
E 0						
OR CONTR	DENT WAS UNDERLYING	21 B	PLACE OF INJURY (e.g., ine, form, foctory, street, c	in a about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
O	tily medical examiner	etc.)			
OF INJURY	(Month) Doy) (Yeor) (Hour) 21 E	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)		Wh	ite At Not Whi	le 🗍		
20 1	(1)				1	74 67
22. I certi	ify that (1) (this haspite	al) attended t	he deceased from	2-0-00	19	7 196/
that (I) (w	e) last saw the deceas	sed alive an	7-9-6	19ond th	o (in (my) (aur) ap	inian death occurred an the de
and hour	and from the causes st	ated abaye. ((did) (did nat)	view the bady after death.		
23A SIGNA	TURE	-	1	1 -		23B. DATE SIGNED
1/	service 1	/ //	Sul ANT. D. AII	ending Med.	Stoff Phys.	1-25-61
23C. PHYSIC	CIAN'S	1)	23D. ADDRESS		
NAME	tTypel 1777	11111	M.D.	129 5/1.	to 19	1 1/23/
24A. BURIAL C	PERMATION DATE	10//		1010 Cul	when I	C1 C J1
REMOVAL	L (Specify)		AME of CEMETERY of CR	EMATORY 24D. L	OCATION (C	City, town, or county) (State)
Burial	1-27-1	.967 Ba	ltimore Natio	nal Balt	timore, Mar	vland
25A. DATE REC	D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
lie	JAN 26 1967 (Colonis &	. Stander MA	Lilly & Zeile	er Inc. 19	01-07 Eastern Ave.
VS 150-REV. 1/	1/65	1 1	6 / 11 11	0 0 8 5	3	

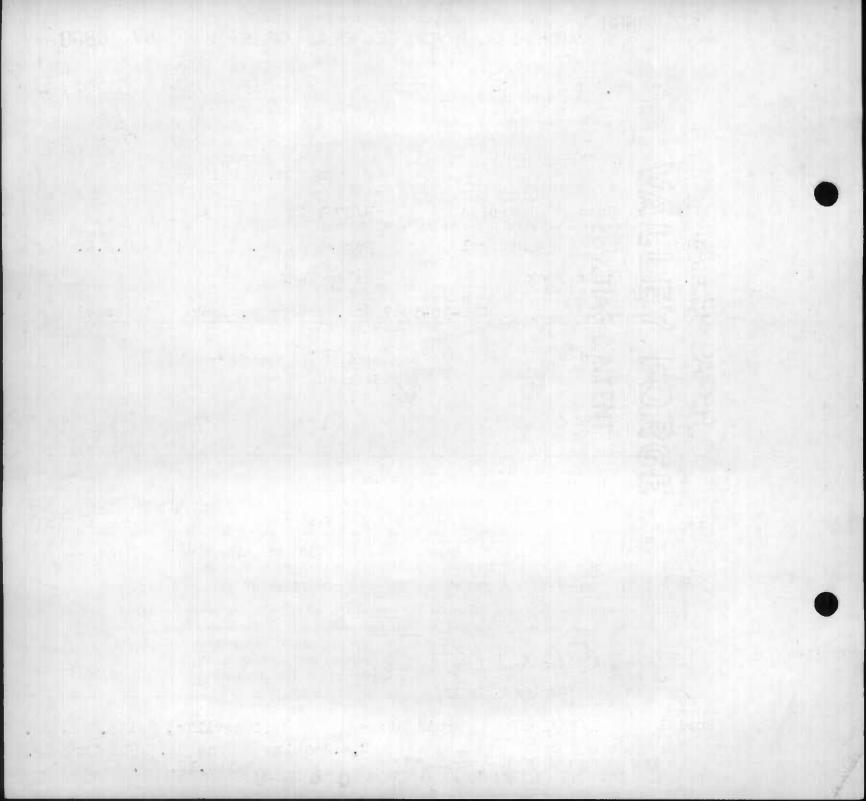




BALTIMORE CITY HEALTH DEPARTMENT

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9.3	34	Same	5 2

BIRTH NO. MEDIC	CAL EXAMINER'S CE	RTIFICATE OF DEA	TH Registere (T)No. USS					
M.E. CASE NO.								
1. NAME OF DECEASED (Type or Print)		2. DATE AND HO	UR PRONOUNCED DEAD					
Dr. JOHN	L. PECK	January 2	23, 1967 7:45 A M.					
3. PLACE IN BALTIMORE, MARYLAND, WHE		A. STATE Maryland						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)						
E205 C+ A15		Baltimore	21-12					
5305 St. Albans Wa	ay .	D. STREET ADDRESS (If rurol, give						
		5305 St. Alba						
W	/IDOWED, DIVORCED(specify)	10	AGE (In years of Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.					
Male White	Married	5/27/1912	54					
IDA. USUAL OCCUPATION (Give kind of work 10 done during most of working life, even if retired)		II. BIRTHPLACE (State or toreign cour	12. CITIZEN OF WHAT COUNTRY?					
Physician	Medical	Scranton, Pa. U.S.A.						
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
Dr. John Lyman Pecl	k	Helen Hand						
15. WAS DECEASED EVER IN U.S. ARMED F		17. INFORMANT	ADDRESS					
Yes WWII	220-30-3069	Mrs.Dorothy D. Peck (Same)						
1B. F 170.2 H	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRE	CTLY							
LEADING TO DEATH (This does not mean the mode of d		parbital and Phenoba	rbital					
heart failure, asthenia, etc. It means the injury or complication which coused dec	ying e.g., XXXXX le diseose, Intox	cication.						
III III III III III III III III III II								
ANTECEDENT CAUSES	(B)							
DISEASES OR CONDITIONS, IF ANY								
UNDERLYING CONDITION LAST.	(C)							
6								
OTHER SIGNIFICANT CONDITIONS CO								
TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING 1								
19A. DATE OF OPERATION 19B. CONDI	TION FOR WHICH OPERATION		F YES, WERE FINDINGS CONSIDERED					
O 2 WAS PERFO	WAS PERFORMED Yes IN CERTIFYING CAUSES OF DEATH? Yes							
21 A. EXTERNAL CAUSE WAS	21B. PLACE OF INJURY (e.g., i	n or about 21C. WHERE DID (If in	Boltimore City, give exact location)					
DUNDERLYING OR CONTRIB- home, form, foctory, street, office bldg., INJURY OCCUR? THOME Home 5305 St. Albans Way								
21D TIME (Month) (Doy) (Year)	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
(APPROX.) 1 23 '67 A WHILE AT NOT WHILE X Overdose of barbiturates.								
22. I certify that I held on ling	uiry Inspection Aut	opsy x and that on this bas	sis, death in my opinion					
resulted from: Notural cous			ermined monner					
CHIEF MEDICAL EXAMINER								
ACTUAL ()	11/2		DATE SIGNED					
SIGNATURE haves I dly M.D. ASSISTANT MEDICAL EXAMINER A								
EXAMINER'S NAME (Type) Charles S. Petty ASSOCIATE MEDICAL EXAMINER 1/23/6/								
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23C. NAME of CEMETERY of	CREMATORY 23D. LOCAT	ION (City, town, or county) (State)					
Burial 1/25/19	967 Druid Rid	ice Dile	willa Rolta da Ma					
	24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	sville, Balto Co., Md					
	0 7 0		Sons Co. 4905 York Rd					
JAN 26 1967 R	C. L. E. Farlyma	Bal	to.12, Md.					



Hyprineces

DITION MEMBERS HOLF STERN MEMBERS HOLF ST.

M W MARRIED OG-28-01 65

RETIRED MARS. USA

PATRICK GILLOOMF MARS. USA

CEREBRAL THROMBUS HOME

AS VD

- Commence

25 340 67

T. Food-English .c. Del Chines

BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR PRONOUNCED DEAD 1. NAME OF DECEASED (Type or Print) JOSEPH B. ROCK, Sr. 5:20 A. M. January 26, 1967 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A, STATE
B. COLINTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION Baltimore D. STREET ADDRESS (If rurol, give location) 5113 Crosswood Avenue 5113 Crosswood Avenue S. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthdoy WIDO WED, DIVORCED (specify) Months, Doys, Hours, Min. January 19,1905. Male White Married 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lite, even if retired)
Self-Employed Resturant Maryland 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Alice Kernan Joseph Rock 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 6. SO CIAL (Yes, no grunknown) (If yes, give wor or dates of service) SECURITY NO. Mrs. Marie T. Rock (Same) INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic heart disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) DUE TO ANTECEDENT . CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C).... CATION 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTI 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED Yes CAL 21 A. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, streel, office bldg., INJURY OCCUR? UNDERLYING OR CONTRIB-MEDIC UTING CAUSE OF DEATH. 21D TIME 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) OF INJURY WHILE AT (APPROX.) NOT WHILE 22. Autapsy X I certify that I held an Inquiry Inspection and that on this basis, death in my apinion Suicide

resulted fram: Natural causes X Accident ACTUAL SIGNATURE

CHIEF MEDICAL EXAMINER

DATE SIGNED

EXAMINER'S Charles S. Springate, M.D. NAME (Type)

ASSISTANT MEDICAL EXAMINER X ASSOCIATE MEDICAL EXAMINER

Homicide

January 26, 1967

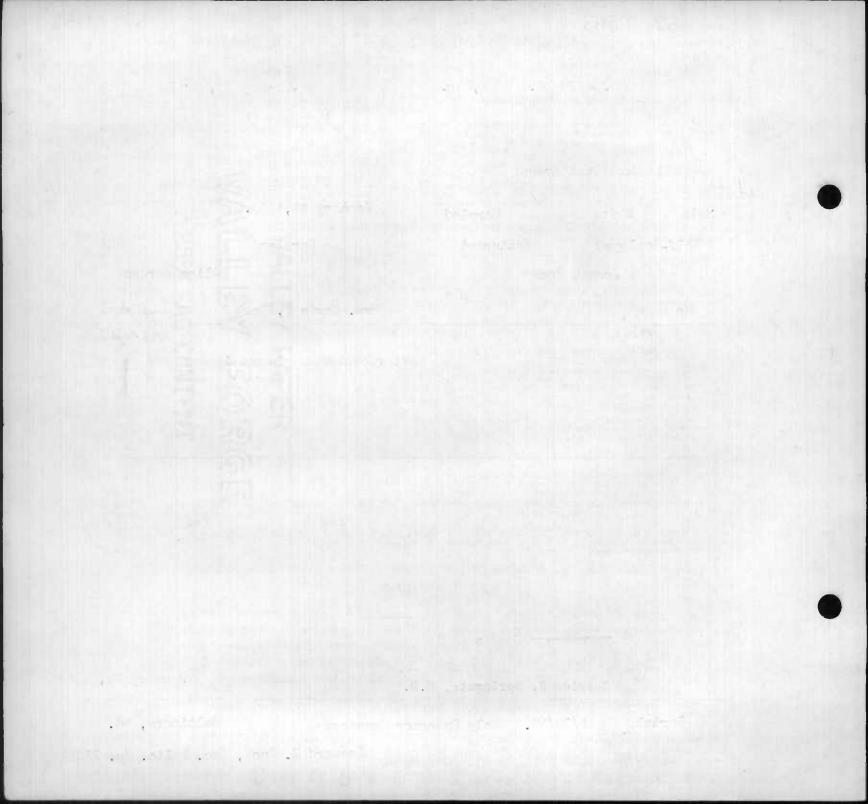
23A, BURIAL CREMATION. 23B, DATE REMOVAL (Specify)
Burial

23C. NAME of CEMETERY or CREMATORY Holy Redeemer Cemetery 23D. LOCATION (City, town, or county) Baltimore, Md.

24A. DATE REC'D BY HEALTH DEPT. JAN 26 1967 24B, NAME OF REGISTRAR

24C. FUNERAL DIRECTOR Leonard J. Ruck, Inc. Balto. Md. 21214

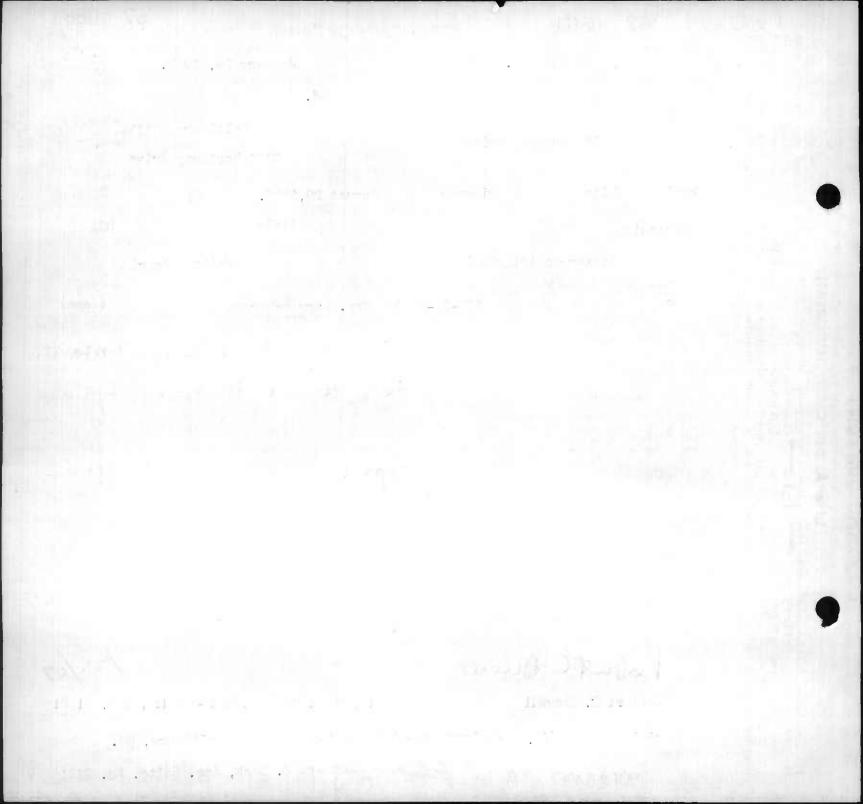
Undetermined manner



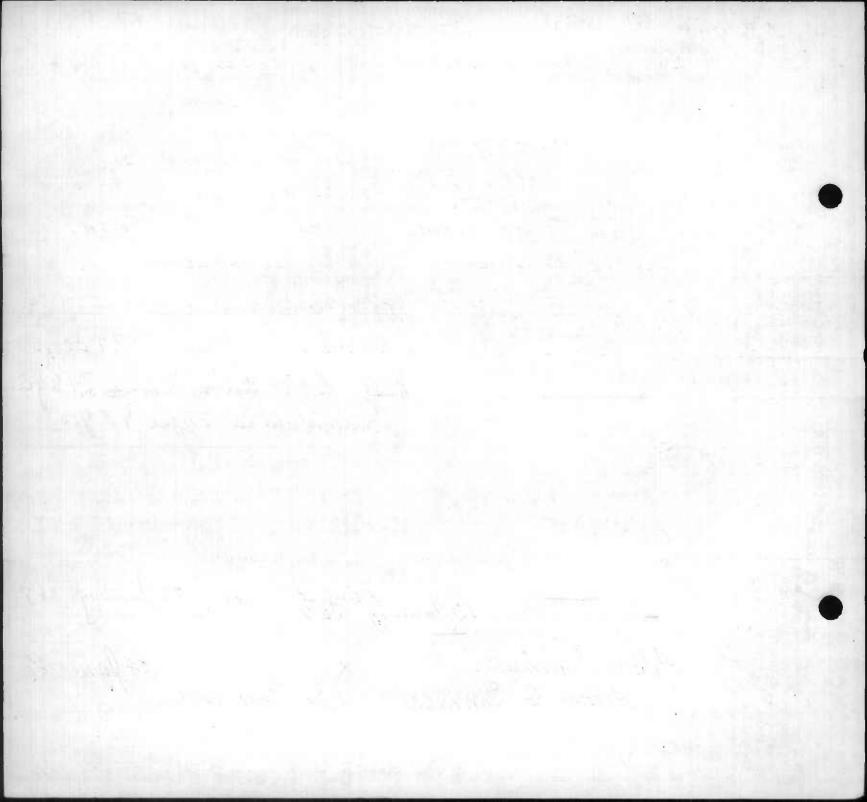
IMPORTANT FUNERAL DIRECTOR:

Mas

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE B. COUNTY (If autside city limits, write RURAL and give township 21234 3121 Northway Drive If Under 1 Yi. Months: Doys If Under 24 Hrs. Houis 12. CITIZEN OF WHAT COUNTRY? Fabri ADDRESS (Same) INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location)ond that in (my) (our) opinion death accurred on the date 238, DATE SIGNED 101 West Read Street - Balto, Md. 21201 (City, town, or county) Burial Moreland Memorial Cemetery Baltimore, Md. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25A, DATE REC'D BY HEALTH DEPT. ADDRESS Leonard J. Ruck, Inc. Balto. Md. 21214



	1	m 00	OF		BAL	TIMORE CITY	HEALTH DEP	ARTMENT			00	Y 00	000
	IH NO,	7 08	60		CE	RTIFICA	TE OF D	EATH	Reg	istered Na	. 67	(1)	RAS
1. N	L CASE NO.	ASED	200	,	Theat	LAURIE	00			R OF DEATH	1	513	
2 6	PLACE OF DEA	TH IN BALTIMO			10-21	_170 1.2			BN. 27	/ /			
3. P	PLACE OF DEA	TH IN BALTIMO	JRE, MART	LAND			A. STATE	B. CO	UNTY	/	2	esidence be	efare od
	FULL NAME OF		hospital or	institution,	give street		MD			D CONTR			
	NSTITUTION	oddiess	or localion)				C. CITY OR TO				RURAL ond	200	
	1 - 5	TI AC	NES	HOSI	PITAL		D. STREET AD	9TON.	OF WELL	e location)		53-	00
6	40	., ,,,								STER	AVE		
5. \$	EX	6. RACE	7,	MARRIED	, NEVER MA	ARRIED	B. DATE OF BI		9. AGE			r_1 Yr. , If	Under
	M	4.1		WIDOWE	D. DIVORCE	D (specify)	Dec. 14	1906	lost birth		Months	Doys Ho	Urs
IOA	USUAL OCCU	PATION (Give kir	nd of work 10	OB. KIND O	F BUSINESS	OR INDUSTRY		,		_	12, CITI2	ZEN OF	
		rorking life, even i		41500	ING DE	u Ce	1	IASS.			WHA	S A	TRY?
	FATHERS NAM			W E 37	1706 13.	425	14. MOTHER'S						/
			7	1	= 1.								
16.		YILLE					/~	LICE	GE Z	ILET	TE		
(Yes	s, no or unknown)	(If yes, give wo		of service)	1 6. SOCIA	ITY NO.	17. INFORMAN	IT	1			ADDRESS	
	YES	wu	DE		012-	07-6172	Who have	NAUS.	Laure	ر دی	11860	teter	too
	18. 141	1,91				CAUSE O	F DEATH	. /				INTERVAL ONSET AN	BETWE
	DISEAS	E OR CONDITI		CTIV				1	4			7 1	1
				CILI			a ale a V	FACE	almes			(1)	011
		LEADING TO	DEATH			(A) C	erebral	1 Achi	alme	~		:10	ay
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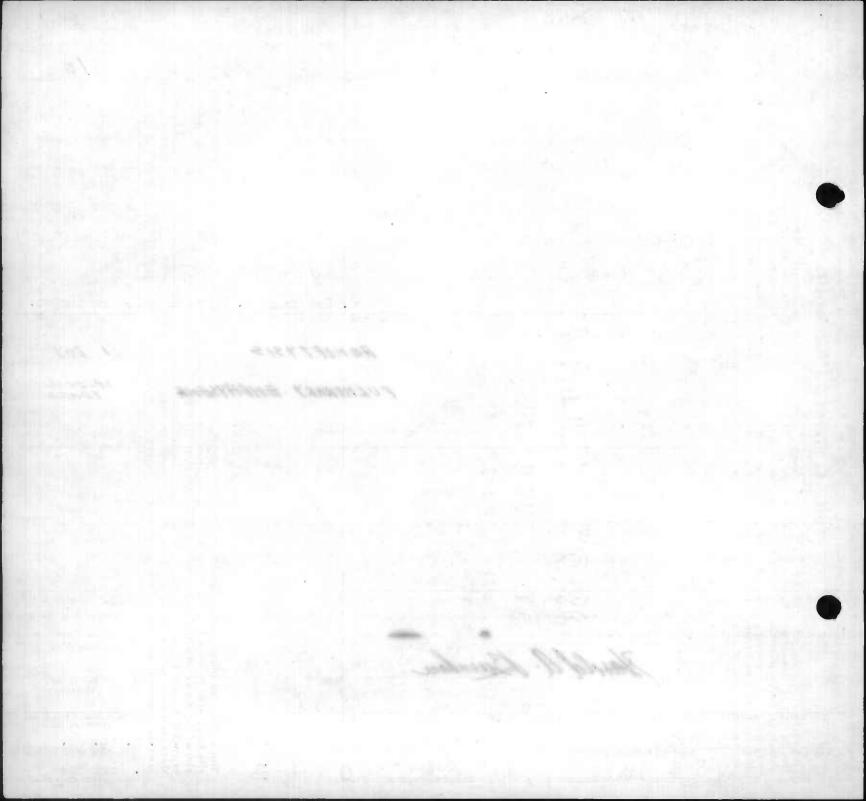
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	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 67 0866	CERTIFICAT	TE OF DEATH	Registered No.	67 0866
1, NAME OF DECEASED (Type or Print) SCHAUB,	FRANK	2. DATE AND	HOUR OF DEATH	F.20 AM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If inst	itution: residence before odmission)
FULL NAME OF (If not in hospital or institut	ion, give street		_TO.	Balto Co.
HOSPITAL OR oddress or locotion)		- 4		IRAL ond give township)
ST. AGNES HOSP			rol, give locotion)	53-20
WILKENS & CATO	N AVES.	2029 CEDAR C		
5. SEX 6. RACE 7. MARI	NED, NEVER MARRIED	09 23 38 1889	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KINI) done during most of working life, even if retired)	NSTRUCTION	1. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
	KNOWN	MARYLAND		USA
13. FATHER'S NAME		4. MOTHER'S MAIDEN NAM	E	0 3 6
JACOB SCHAUB (DE	C*D)	UNKNOWN BARS	BARA (DECID)GETTLER
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	7. INFORMANT	11 (520 5	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of servi		CT ACNEC F	ECODDC C	AVES
NO	215096869-A		KELURUS; CA	INTERVAL BETWEEN
39/1	CAUSE OF	DEATH	1	ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	Site	stos en l	enticus	
(This does not mean the mode of dying,	e.g., DUE TO		(4)	***************************************
heart failure, asthenia, etc. It means the dise injury or complication which caused death.)		Λ		
ANTECEDENT CAUSES	(B)	117		
	DUE TO			
DISEASES OR CONDITIONS, if any, gi	-			
UNDERLYING CONDITION last.	1 = /		~ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE OEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FILL	
WAS PERFORMED		YES	IN CERBFIING CAU	SES OF DEATH:
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, offietc.)	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
O 21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX.)	While At Not While			
14	Work At Work		7	
22. I certify that (M (this hospital) ottend	ed the deceased fromA			UARY 21 19 67
that (I) (we) last saw the deceased alive	on JANUARY 21	19_67and the	t in(my) (our) opini	on death occurred on the do
and hour and from the causes stated above	e. (1) (We) (did) (2 2 161) vi	ew the body ofter death.		
23A. SIGNATURE	1		4	238 DATE SIGNED
11/4)/10	M.D. After	ding Med.	hy s.	1/2/61
23C. PHYSICIAN'S		3D. ADDRESS	.,,	
NAME TAB HOOTEN		ST AGNES HOSP	WILKENS &	CATON BALTO 2
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CREE	MATORY 24D. LO	CATION (City	, town, or county) (Stote)
Bureal 1-24-67 0	Faraing of wo	hen 1	le ordlaw	w Ised.
JAN 26 1967	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	2 /	ADDRESS
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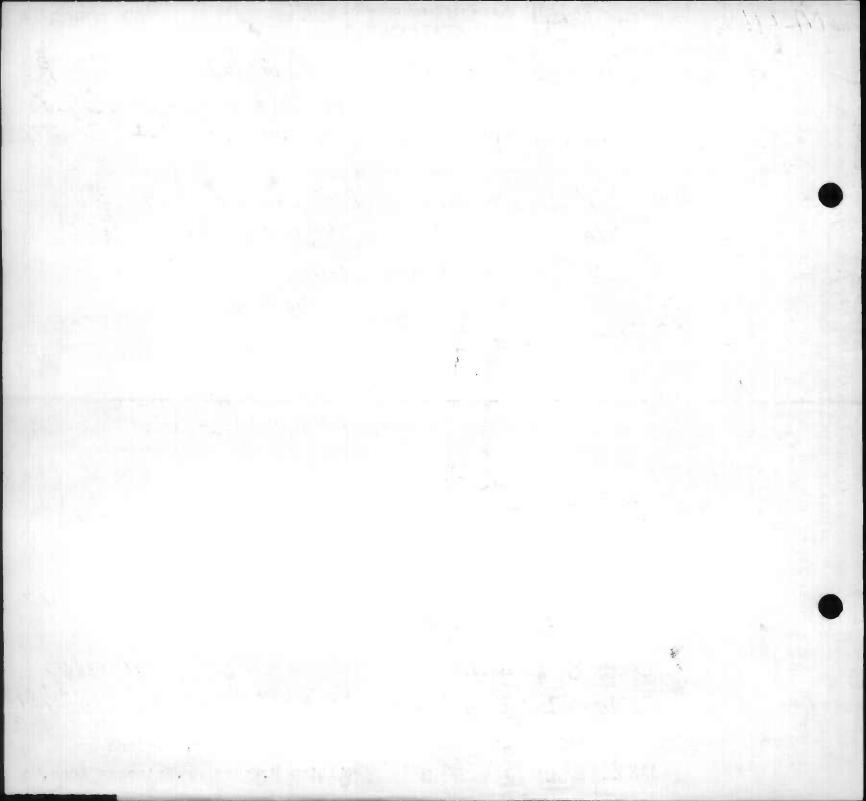
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	0	SE	00	Written approval must be obtained before the remains are embalmed or final disposition is made.
	분수	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	3

	67 0867	BALTIMORE CITY	HEALTH DEPARTMENT		67	0000
	TH NO.	CERTIFICA	TE OF DEATH	Registered No	0/	nany
1. N	NAME OF DECEASED	1/1.	2. DATE AN	D HOUR OF DEATH	1	
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND	CKLINE	14. USUAL RESIDENCE (Where	24-176	7 /	10 8
J	TEACE OF BEATH IN BALLIMONE GIANTAND		A. STATE B. COUN		inution; residenc	e betate admiss
	FULL NAME OF (If not in hospital or institution and oddress or location)	on, give street	Maryla	nd		
i	INSTITUTION		C. CITY OR TOWN of di outs	side city limits, write RU	JRAL ond give	township
	45		13altim	urol, give location)	230	27-0
(1) 12 11 in war Cours	1 11.00	1.10 1	7	0 /	
<u></u>	sex la pace 17 Mars	ED, NEVER MARRIED		AGE (In years) T ,	16 11-4 04
		VED. DIVORCED (specify)	DATE OF BIKIN	ost birthdoy)	Months Doys	If Under 24 Hours Min
103	CUSUAL OCCUPATION (Give kind of work 108, KIND	larried.	2-6-1917	49	110 010001	
	e during most of working lile, even if retired)	Chemical Co.	11. BIRTHPLACE (Stote or toreig	on country)	12. CITIZEN O	UNTRY?
	Foreman To	reman	130171 mo	re. Md.	US	A
13.	FATHERS NAME		14. MOTHER'S MAIDEN NAM	(E		
	Sigmund Reakl	NE	I ENNIS	e Berg	EN	
5.	Was Deceased Ever in U. S. Anned Forces? s, no or unknown) (If yes, give wor or doles of service	16. SOCIAL	17. INFORMANT	- NCI	ADDI	RESS
. 6:	NO	SECURITY NO.	Mrs. Katherine	E. Compton	1019 Car	notion St
_	18. 5 2 7 / 1	CAUSE O		- COmpoun		VAL BETWEEN
	DISEASE OF CONDITION DIRECTLY		==,,,,,			AND DEATH
	LEADING TO DEATH	4.63	HEMOPTYSIS		/	DAY
	(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea		d. 1			K
	injury or complication which coused death.)			244	54	want.
	ANTECEDENT CAUSES	(B) P	ULMONARY EM	MYSEMA		BARS
	DISEASES OR CONDITIONS, if ony, givi	ng DUE 10				
	rise to the obove couse (A) stating I UNDERLYING CONDITION lost.		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
N	OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING				
ATIO	TO THE DEATH BUT NOT RELATED TO	THE				
U	19A. DATE OF OPERATION 198. CONDITION FO	R WHICH OPERATION	20A. AUTORSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CONS	SIDERED
ERTIFI	WAS PERFORMED		Yes	IN CERTIFYING CAU	SES OF DEATH	?
Ü		21 B. PLACE OF INJURY (e.g., in	fice bldg. INJURY OCCUR?	(II in Boltimore	City, give exoc	t location)
CAL	DEATH (notify medical examiner)	etc.)				
5	21D. TIME (Month) (Doy) (Year) (Hour) 2	TE INJURY OCCURRED	21 F. HOW DID INJU	IRY OCCUR?		
ME	(A DRDOV)	While At Not While Work At Work				
	22. I certify that (都) this hospital) attended		1-2.4	9 67 10	7-211	/
		2	1 /		-24	
	that (we) lost sow the deceased alive or			t in (our) opini	on deoth occ	urred on the
	and hour and from the couses stated above.	(We) (did) (iew the body ofter death.			
	23A. SIGNATURE	3. AND AND	nding Med.	Stoff 57	238. DATE SIGN	NED
	stoold u-	german Phy	s. Director	Phys.	1-21	4-67.
	23C. PHYSICIAN'S NAME (Type)	1	23D. ADDRESS	,		
	Harold A. Bun	wham. M.D.	12/3 high	t St.		
24A	REMOVAL (Specify) 248. DATE 24C.	NAME of CEMETERY OF CRE	MATORY 260. LO	CATION (City	, lown, or coun	ty) (Stot
	Burial 1 28 1967	Glen Haven	G1.	en Burnio A	A C0	Md
25A		E OF REGISTRAR	25C. FUNERAL DIRECTOR	en Burnie, A	A DO	DDRESS
	JAN 26 1967 R.C.	ME statement	O A Mg Cully	7 130	E. Fort	4-0
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IMPORTAN DIRECTOR: NERAL

of deat Decease = Lo hospital death. ance ing cause cause; (5) I attend 9 prior contributing etermined regular deceased 2 Dud Was the Ō assistant LO death attendance any pronounced fracture of regular examiner 0 4 ල 5 physician medical medical burns; physician chief (2) Body the 8 the where to the hospital °Z any nature; 9 approved (except and death); of hospital accident 2 0 certificate prior at was D.O.A. eceased the body shows:

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. TH NO. CERTIFICATE OF DEATH E CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) JOHN KOCON. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATEMARMIB. CRIDITY FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city fimits, write RURAL and give township INSTITUTION BALTIMORE 129 N. WASHINGTON AVE. D. STREET ADDRESS (If ruro), give location) BALTIMORE, MARYLAND. 129 N. WASHINGTON made. 5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Months! Doys Hours 10-25-1885 MALE WHITE MALE WHILE MARKED 10-25-1880 or final disposition is 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) MOTHER'S MAIDEN NAME JOSEPH KOCON MARIE ZATEROKA 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL 17. INFORMANT (Yes, no or unknown) (fl yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed LEADING TO DEATH (This does not meon the mode of dying, e.g., hearl failure, asthenia, etc. It means the disease, injury or complication which caused death.) em ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, giving emphysema. to the obove couse (A) stating the the remains UNDERLYING CONDITION lost. ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? CERTIF before 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (It in Baltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) obtained (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 22. I certify that (I) (this haspital) attended the deceased from P.T. ARRIVED AT HOSPI TOAL 1-25-6719 and that in(my) (aur) apinian death occurred an the date pe that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. must 23A. SIGNATURE 23B. DATE SIGNED Attending [M.D. Med. Stoff approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D. Ric har JOHNS HOPKINS HPSBORAL 24A. BURIAL CREMATION, 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) written BURIAL 1-2.

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25B. NAME OF REGISTRAR

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

IMPORTANT FUNERAL DIRECTOR:

MOS

JAN 27 196

VS 150-REV. 1/1/65

BIRTH NO.

M.E. CASE NO.

USA ADDRESS Joseph E.Ferenc 63I5 Fait Avenue INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 1/24/67 and that in(my) (aur) apinian death accurred an the date 23 B. DATE SIGNED 1/25/67 7001 Mornington Road Dundalk Maryland (City, town, or county) Baltimere, Md 25C. FUNERAL DIRECTO ADDRESS

Registered Na.

If Under 1 Yr.

12. CITIZEN OF

WHAT COUNTRY?

If Under 24 Hrs.

Hours

2. DATE AND HOUR OF DEATH

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M	lso, of of ounced	
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FUNERAL DIRECTOR: IMPORTANT	approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the h); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.	
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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C7 0074	BALTIMORE CITY	HEALTH DEPARTMENT		OF	0014
ыкти но. 67 0871	CERTIFICA	TE OF DEATH	Registered No.	6/	0871
1. NAME OF DECEASED	1		HOUR OF DEATH		~
(Type or Print) MR. JOHN O.	LIVINGST	0.0	23-67		8 p. m.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE Where	deceased lived. If insti	tution: residence	before admission)
FULL NAME OF (If not in hospital or institution, give	e street	MARYLAN		2.	2
HOSPITAL OR oddiess or location) INSTITUTION		C. CITY OR TOWN (If outs			nShip)
MAJON MEMORIAL	HOSPITAL	BALTIMOR D. STREET ADDRESS (III III	urol, give location)	51500	1 -
		1306 W. C	COLDSPRI	NG	AVE.
L/ M	DIVORCED (specify)	04-10-22	ost birthdoy	If Under 1 Y. Nonths Doys 1	If Under 24 Hrs. Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF B done during most of working life, even if retired)	USINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF WHAT COUL	NTRY?
BARTENDER		MARYL	CNA	NZX	4
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	7		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no.or.unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT WIFE		ADDRES	SAME
VES	14-12-4508	MRS. MILDE	RED LIVIN	CSTON	JAME
18.	CAUSE O	la constant	102	INTERVA	L BETWEEN
DISEASE OR CONDITION DIRECTLY		. 0	0 0 -	ONSET	AND DEATH
LEADING TO DEATH (This does not meen the mode of dying, e.g.,	(A) DUE TO:	neumonia, bi	oth lang		
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	501 14				
ANTECEDENT CAUSES	(B) W	Cosive asp.	ration		
DISEASES OR CONDITIONS, if ony, giving	DUE TO	0: 1			
rise to the obove couse (A) stating the UNDERLYING CONDITION lost.	(c) 160	rusy liver			
11		1		414	Bone
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
DISEASE OR CONDITION CAUSING IT.		120 A	000 45 450		
19A. DATE OF OPERATION 19B. CONDITION FOR WH WAS PERFORMED	HICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	ES OF DEATH?	ERED
U 21A. ACCIDENT WAS UNDERLYING 21B. PL	LACE OF INJURY (e.g., i	or obout 21C. WHERE DID	(If in Boltimore C	City, give exact 1	ocotion)
DEATH (notify medical examiner)	form, foctory, street, of	fice Mdg., INJURY OCCUR?			
	NJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
(APPROX.) While	At Work				
22. I certify that UT(this hospital) ottended the	deceased from	1-25	962 to 1	1-25	1967
that (*(we) lost saw the deceased alive on	1-25	19 6 7 ond the	tin(resp) (our) opinio	on deoth occur	red on the dote
and hour and from the courses stated above.					
23A. SYONATURE			2	38. DATE SIGNE	
Kohn K. Vanton	M.D. Atte	ending Med. Director	Stoff Phy s.	1-2	5-67
23 PHYSICIAN'S NAME (Type)	1	23D. ADDRESS			
JOHN R. VAUGHN, JR.	/ M.D.	XMER THE UN	ION MEMORIA	AL HOSP	ITAL
244. BURIAL CREMATION, 248. DATE 24C. NAN	AE of CEMETERY or CRE			lown, or county)	(Stote)
BURIAL 1/30/67 N.	ATIONAL		ALTO, MO,		
25A. DATE REC'DEANAZY DESGT TO NAME OF	E Chidey MA	25C. FUNERAL DIRECTOR	ove 13 mg	charter	SA-
VS 150-REV 1/1/65		-	20.1		

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I. VA C. . JI.

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Section 110.

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HEALTH DEPARTMENT

		TE OF DEATH		
M.E. CASE NO. 1. NAME OF DECEASED	/ 2 /		ID HOUR OF DEATH	
(Type or Print)	Rober		-24-67	- 115
3. PLACE OF DEATH IN BALTIMORE, MARYLANI	DATES	4. USUAL RESIDENCE (Whe	re deceased lived. If	institution; residence before admission
		A. STATE 8. COUR	IT .	1/:
FULL NAME OF (If not in hospital or instit	tution, give street	MARGIAN		Altimode
INSTITUTION		C. CITY OR TOWN (If ou	tside city limits, write	RURAL ond give township)
For 11	1 .1	D. STREET ADDRESS (III		13-00
Union Memoria	111. 41	- 10 da - 1	rural, give location)	/
		3345- 1	Alls Ko	
6. RACE 7. MA	NRIED, NEVER MARRIED DOWED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
Female White A	1 idou ed	6-3-95	7/	
OA. USUAL OCCUPATION (Give kind of work 10B, KI		11. BIRTH PLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired)		1/2		United Stat
3. FATHERS NAME		14. MOTHER'S MAIDEN NA	AN, 4	UNITED TATE
			11	f / .
Thomas HAGERI	MAN	1-lonene	e Hut	Chison
5. Was Deceased Ever in U. S. Amped Forces? Yes, no or unknown) (III yes, give wor of dotes of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1 (ADDRESS
N.	SECOKITI NO.	Polis H C	IRRT	
18 16 6 6 15 4 3 6 15	CAUSE O	IE DEATH	() //- (INTERVAL BETWEEN
4201/4-260 X				ONICET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	N	UTE MYOCA	RDIAL TI	VERRCT 8 1
(This does not mean the mode of dying,	e.g. DUF TO		10.77	
hearl loilure, asthenia, etc. It means the di	seose,			
injury at camplication which caused death.	AR	TERIOSCLER CULAR DIS	TIC CARI	010-
ANTECEDENT CAUSES	DUE	CHI BR AL	FACE	
DISEASES OR CONDITIONS, if ony,	giving	CULTA DI	LHJL	
rise to the above cause (A) stoling	g the (C)			
rise la lhe abave cause (A) sloling UNDERLYING CONDITION last.	g the (C)		b :	
UNDERLYING CONDITION Iasi.		TEC AJE	17/16	
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UNDERLYING CONDITION Iast. II OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	BUTING DIABE			FINDINGS CONSIDERED
UNDERLYING CONDITION Iast. II OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	BUTING DIABLE TO THE WHICH OPERATION	20A. AUTOPSY?/Yes or N	o) 20B, IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
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1/27/67 1967 (?) Lorraine Par Park Cemetery Windsor Mill Rd, Md
25C. FUNERAL DIRECTOR ADDRESS

VS 150-REV. 1/1/65

Burial

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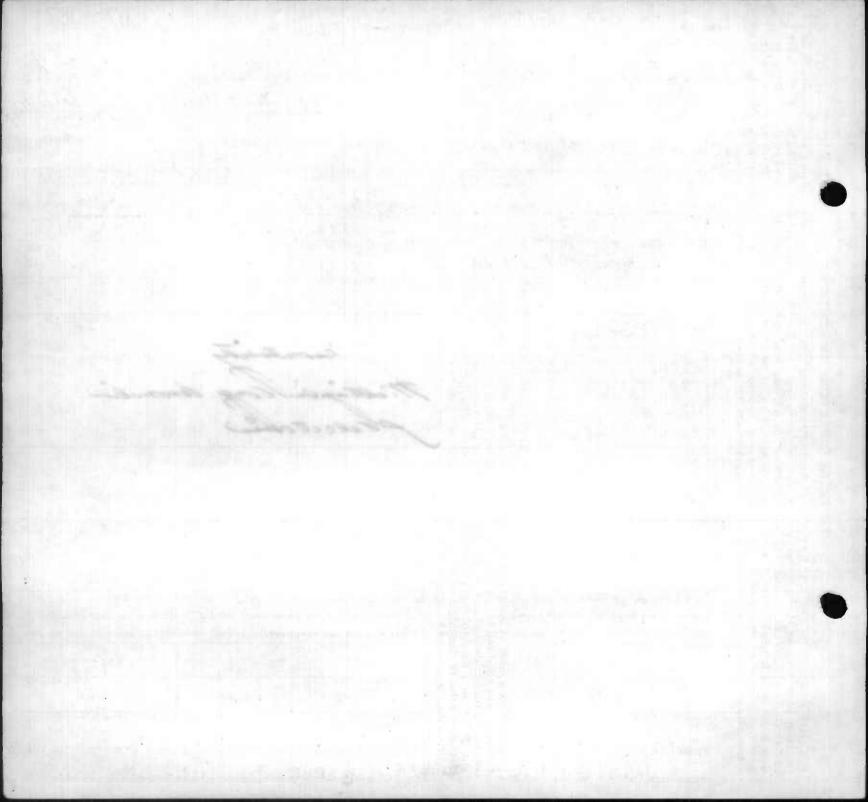
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BIRTH NO. M.E. CASE NO. 93225	CERTIFICA	TE OF DEATH	Registered No.	07	0073
INAME OF DECEASED Type or Print) BULLY BLANCE PLACE OF DEATH IN BALTIMORE, MARYLAND	Newhorn	14. USUAL RESIDENCE (Wher	D HOUR OF DEATH	nstitution: residence	1:30 A
FULL NAME OF (If not in hospital or institution address or location) INSTITUTION		2824 H	rest View side city limits, write	avenu	e Balto
34 Box Secours Hos	pital	D. STREET ADDRESS (If	rural, give location)		9/_
	D, NEVER MARRIED (ED, DIVORCED (specify)		9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Days	If Under 24 Hours Mi
OA. USUAL OCCUPATION (Give kind of work 108, KIND (one during most of working life, even if retired)	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stole or fore) KARY LA 14. MOTHER'S MAIDEN NAM		12. CITIZEN OF WHAT COU	JNTRY?
3. FATHER'S NAME BYRON BEON	AR	14. MOTHERS MAIDEN NAM MARGARE		HMIDT	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT marker		ADDRE	EŚS
DISEASE OR CONDITION DIRECTLY	CAUSE	DF DEATH	•		AL BETWEEN AND DEATH
heart failure, asthenia, etc. It means the diseas injury ar camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, givin rise to the above cause (A) stating the UNDERLYING CONDITION lost.	OUE TO	telatal	eng les	mali-	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.	THE	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDING5 CONSI	DERED
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E OF INJURY	Vhile At Not Wh		URY OCCUR?		
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and hour and from the causes stated above. 23A, 5IGNATURE ALLY 23C. PHYSICIAN'S	A M.D. AI	tending Med. ys. Med. Director 123D. ADDRESS	Stoff Phys,	238. DATE SIGNI	
NAME (TYPE) A- MEL	COCETON M.O	BON SEC	ours H	OSPITAL	
REMOVAL (Specify)	MOreland Memo		ltimore,	ity, town, ar caunty	Md
IAN 2.7 1967	TE TOLDENMA	25C. FUNERAL DIRECTOR	un oral bio	ADI DAOL	Bo Bo

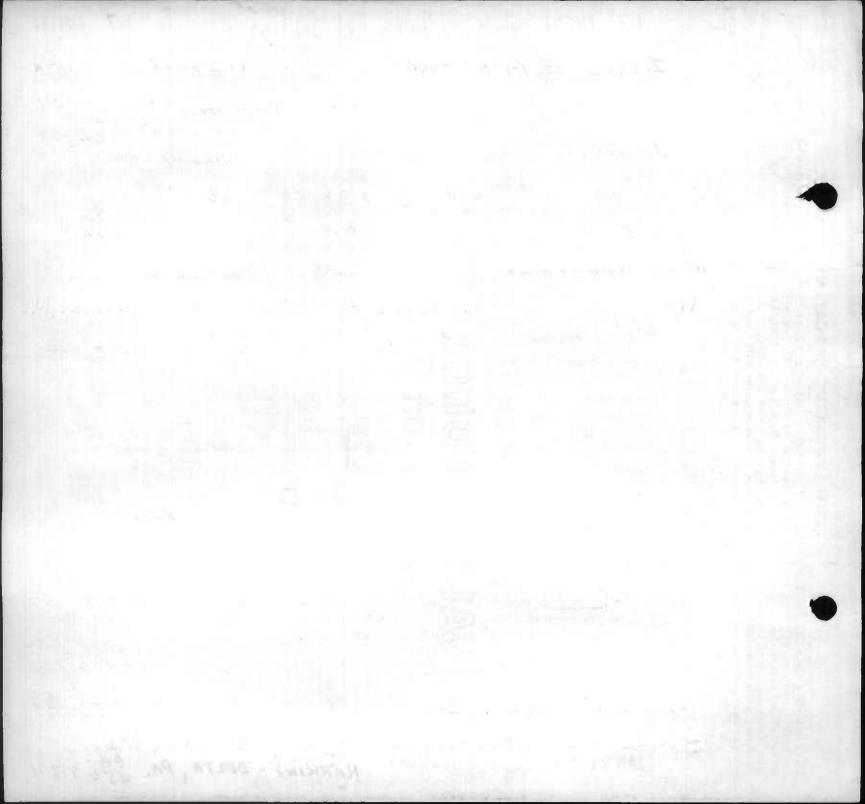


10	-3	Ok'
•	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
INT	ant if death direct or cond; (4) Undete	ath was in r on the dece I disposition i
IMPORTA	r or his assist . Also, if the ure of any kin	onounced de r attendance almed or fina
FUNERAL DIRECTOR: IMPORTANT	ical examine cal examiner s; (3) A fracti	ician who prass in regular
FUNERAL	the chief medial by a media (2) Body burn	here the physical working to before the rem
•	must be approved by released to the hospit accident of any nature	was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased priwritten approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate the body was shows: (1) An o	was D.O.A. at deceased prio written appro

	BALTIMORE CITY	HEALIH DEPAKIMENT		67 0875
ыктн но. 67 0875	CERTIFICA	TE OF DEATH	Registered No.	07 0070
M.E. CASE NO. 1. NAME OF DECEASED (Type or Primit)			HOUR OF DEATH	7
(Type of Pig)) and Vivginia 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	Wix	4. USUAL RESIDENCE (When		itution: residence before admissi
FULL NAME OF (If not in hospital or institution, HOSPITAL OR address or location)	give street	Maryland 1	Baltin	JRAL and give township)
Institution Durion Mamoria	1 Hospital	Balti	more	11-02
44	. ,	603 Cati	oral, give location)	Stupet
WIDOWE	D, DIVORCED (specify)		ost birthday)	If Under 1 Yr. If Under 24 Months Days Hours Min
10A, USUAL OCCUPATION (Give kind of work 10B, KIND Odone during most of working life, even if retired)		11. BIRTHPLACE (Stole or foreign	1	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	TE .	00/1
Charles D M	atthe;	Sophia	Lower	
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no orunknown) (If yes, give wor or dotes of service)	SECURITY NO.	17. INFORMANT	2010	ADDRESS
18. / 9 9 9 1	CAUSE O	F DEATH		INTERVAL BETWEEN
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LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A) Cal	ncor Abdic	m1491	117001
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, giving				
rise to the obove cause (A) stating the				
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	IG HE			
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218		or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
_	E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
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	ork At Work		967 to 0	0//25 196
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22. I certify that (N (this hospital) attended that (1) (we) tast saw the deceased alive on and hour and from the couses stated above.	the deceased from	51/6 1 19 67 and the		/
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F Concession Widows & 128/45 71 Maryland USA Charles O Matthe, Sophia Lenis Concer Abdominal 182 Ounderfulleren 1 x 1/251 CALLSTON CLASSE : • c The state of the s

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. RTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) - 0/// 3. PLACE OF DEATH IN BALTIMORE, MA 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) B. COUNTY Md. (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or tocotion) C. CITY OR TOWN DARLIN GTON RURAL UNIVERSITY OF Md. HOSPITAL D. STREET ADDRESS (If rural, give location) DARLINGTON made 5. SEX B. DATE OF BIRTH 6. RACE MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Hours last birthday Months Doys 2 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) HSEWFE USA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Biddie WHITAKER JOHN THOMPKINS 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) final SECURITY NO. MCKNIGHT, STRE 215-36-8003 INTERVAL BETWEEN or ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed SAREOMA LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, osthenio, etc. It means the disease, injuly of complication which caused death.) em e ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION lost. remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes) or No! 208. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) obtained 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 F. HOW DID INJURY OCCUR? 21 E. INJURY OCCURRED White At Not While (APPROX.) At Work 22. I certify that (1) (this haspital) attended the deceased fram. hospital (
to death);
al must be 1-24 19 67 and that in (my) (our) apinion death accurred an the date that (I) (we) last saw the deceased alive an accident of and haur and from the causes stated above. (1)(We) (did) (did not) view the body after death. was released 23A SIGNATURE 23 B. DATE SIGNED Staff 10 approval 8 23C. PHYSICIAN'S 23D. ADDRESS to NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) ased he body D.O. shows: MEMORIAL GARDENS Was VS 150-REV. 1/1/65



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-	TED OF	BIRTH NO. 67 U877	CERTIFICATE	OF DEATH	Registered Na.	6/ 08/7
	death death seased on the Such	M.E. CASE NO. 1. NAME OF DECEASED			OUR OF DEATH	
		(Type or Print) GEDERE IN. 5+	ein man	Janua	71/23,140	17 9:00 P.M.
	of	3. PLACE OF DEATH IN BALTIMORE, MARTLAND	4. US A. ST	SUAL RESIDENCE (Where de	ceosed lived. If Institution	on: residence belore odmission)
	hospit ise of (5) De ance death	FULL NAME OF (If not in hospital or institution, give si	reet /	Maryland		
	a hos cause ise; (5) endan to de	HOSPITAL OR oddress or location) INSTITUTION	c, cl	ITY OR TOWN (II outside	city limits, write RURAL	ond give township)
		40	D. 'ST	TREET ADDRESS. (If rurol,	give location)	9-02
		5+ Agnes Huspital	9	N Pulton	Ave.	
	- 300 0	5. SEX 6. RACE 7. MARRIED, NEVE WIDOWED, DIV	R MARRIED B. DAT			Under 1 Yr. II Under 24 Hrs.
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NERA	chief , a m Body the p the p ysicic	19A. DATE OF OPERATION 19B. CONDITION FOR WILLIAM	OPERATION 20	A. AUTOPSY? (Yes or No) 20	B. IF YES, WERE FINDING CAUSES	NGS CONSIDERED
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	by the price who who do ho	O 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJU	RY OCCURRED	21F. HOW DID INJURY	OCCUR?	
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	ot o x	22. I certify that (1) (this hospital) attended the de		196	3 in lar	v 23 1967.
	app o th an (e)					death occurred on the date
	9 to 0 to	and hour and from the causes stated above. (1) (We			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	eased ident ident hospit nust	23A. SIGNATURE	1		23 B.	DATE SIGNED
	3 0 .= -	Honley (Amonto	M.D. Attending Phys.	Med. Stolf	/	. 24.67
		23C. PHYSICIAN'S NAME (Type)	23D. AI	DDRESS		
	certificate body was r /s: (1) An a D.O.A. at a ased prior ten approv		M.D. 110			9
	certif sody /s: (1) D.O./ ased	REMOVAL (Specify)	CEMETERY OF CREMATO	DRY 24D. LOCA		vn, or county) (Stote)
	S Ce Ws Ws D S	Buria 1/27/67 New Co	thedra/ Cen	nctery Balt	Topre, M	aryland
	This certified by shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REC'D AND 27 1967	Stations 1	I DA I DA STOR	14. 8	H+Stricker Sts
		VS 150-REV. 1/1/65	a designation of	NULLEY VS. JUNEYO	111011111111111111111111111111111111111	11 +2/ricecros

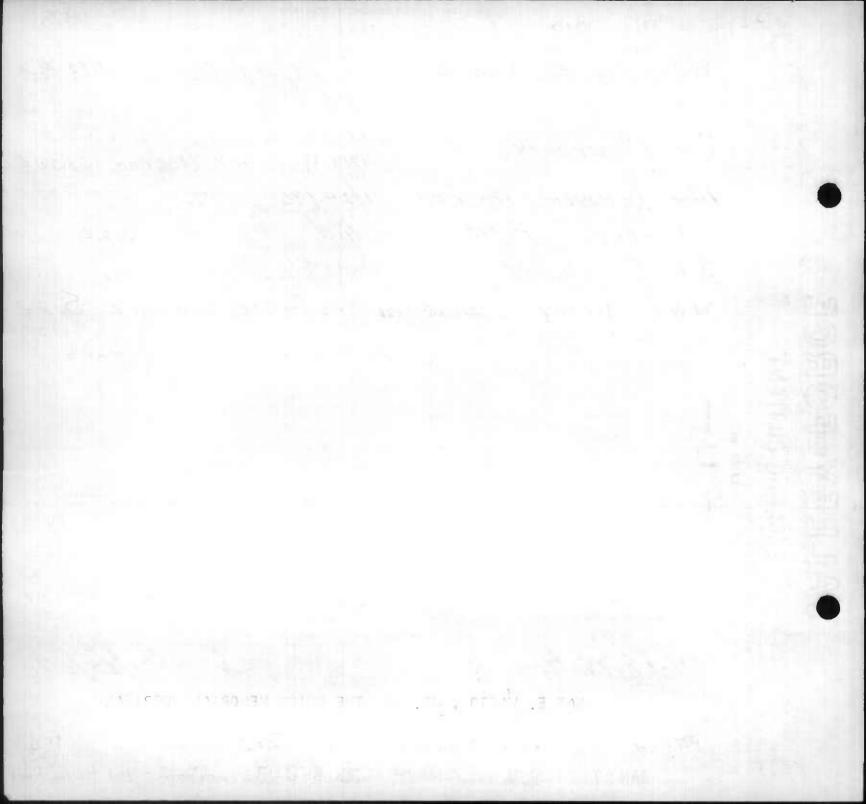
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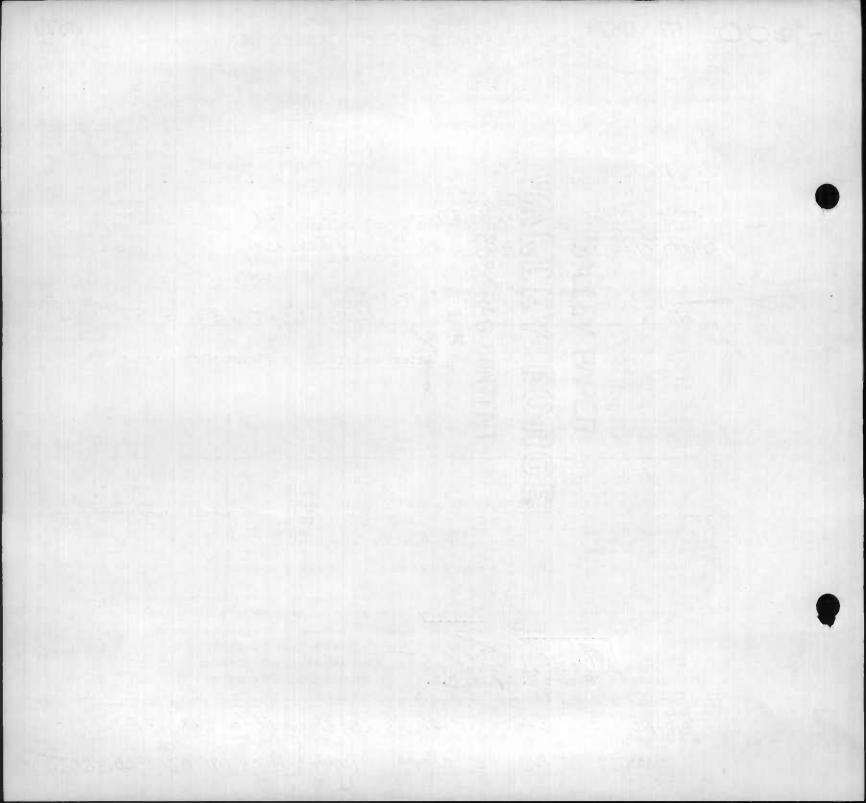
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FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

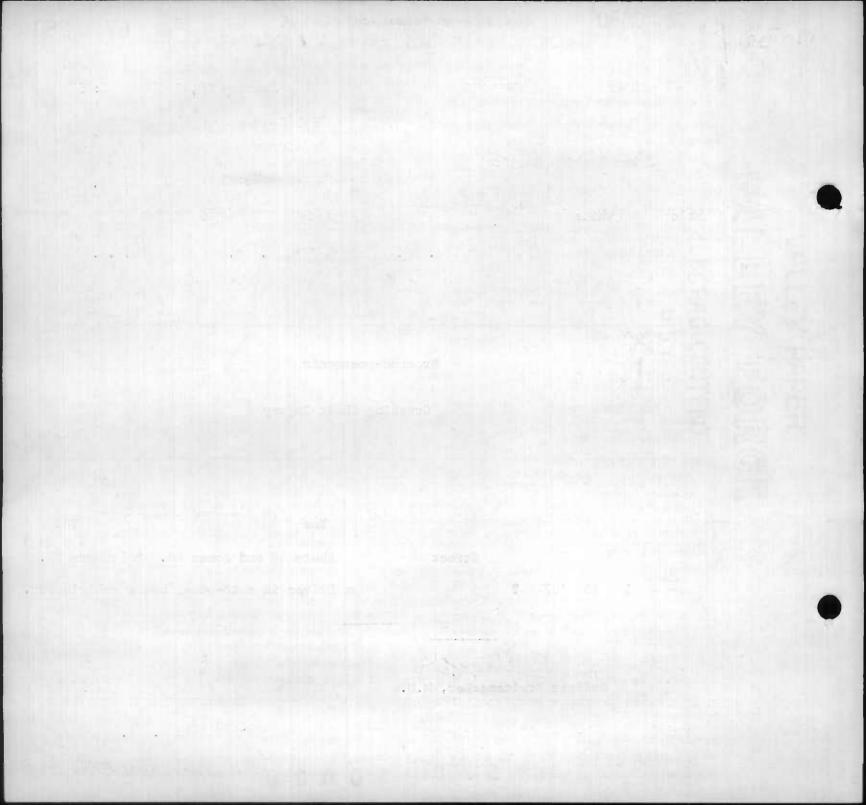


female white WIDOWED 1894 Items of working life, even if religed) RETIRED CHARLADY SOUTHERN HOTEL WIDOWED 1894 Items of working life, even if religed) SOUTHERN HOTEL MARYLAND Institution of loreign country Non this life with doys Non this life with down with life with down with life with down with life with down with life with life with down with life with	0.00 =							
Mildred A. Lauer 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION 104 S. Durham St. 104 S. Durham St. 5. SEX 6. RACE White Widowed, advised, Never Married, Never Married Widowed, advised corporate limits, write RURAL on Baltimore D. STREET ADDRESS (If rural, give location) 104 S. Durham St. 104 S. Durham St. 104 S. Durham St. 105 SEX 106 RACE Widowed, advorced (specify) WIDOWED 106 WIDOWED 107 SIRTHPLACE (State or foreign country) MARYLAND 12. CITIZE WHAT MARYLAND 12. CITIZE WHAT MARYLAND	0.00 -							
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 104 S. Durham St. S. SEX 6. RACE White Widowed, adivorced (specify) White Widowed, adivorced (specify) Wid	9:09 p.M.							
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 104 S. Durham St. S. SEX 6. RACE White Widowed, adivorced (specify) White Widowed, adivorced (specify) Wid	lence before odmission)							
ADDRESS OR LOCATION) Baltimore D. STREET ADDRESS (If rurol, give location) 104 S. Durham St. S. SEX 6. RACE White White To August Of Bush of Working life, even if religed) B. DATE OF BURTH WHAT 104 S. Durham St. S. DATE OF BURTH 105 B. DATE OF BURTH 106 DATE OF BURTH 107 DATE OF BURTH 108 DATE OF BURTH 109 AGE (In yeors lost birthdoy) 72 104 S. Durham St. S. SEX 105 Joint Down of Tools and Tools and Tools and Tools are supported by the support of								
Baltimore D. STREET ADDRESS (If rurol, give locotion) 104 S. Durham St. 5. SEX 6. RACE White 7. MARRIED, NEVER MARRIED WIDOWED, 104 S. Durham St. 8. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) 72 104 S. Durham St. 105 SEX 106 PARTH (Single Country) 105 CHARLAN) 106 SOUTHERN HOTEL MARYLAND 107 SOUTHERN HOTEL	d give township)							
104 S. Durham St. 5. SEX 6. RACE White Widowed, adivorced (specify) Widow)							
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED White 7. MARRIED, NEVER MARRIED Whowed, advorated (specify) 104. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (Stote or foreign country) RETURED CHARLAS) 7. MARRIED, NEVER MARRIED WHOTE MARYLAND 9. AGE (In yeors lost birthdoy) 72. CITIZE WHAT								
female white WIDOWED 1894 lost birthdoys 72 Months 100 WIDOWED 1894 lost birthdoys 72 Total USUAL OCCUPATION (Give kind of work 100 KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (Stote or foreign country) 12. CITIZE WHAT RETURN CHARLAI) 4. SOUTHERN HOTEL MARYLAND								
female white WIDOWED 1894 72 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (Stote or foreign country) RETIRED CHARLAS Y SOUTHERN HOTEL MARYLAND	1 Yr. If Under 24 Hrs.							
10A. USUAL OCCUPATION (Give kind of work 10 & KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (Stote or foreign country) 12. CITIZE done during most of working life, even if religied) RETURED CHARLAS Y- SOUTHERN HOTEL MARYLAND	Doys Hours Min.							
BETIRED CHARLADY SOUTHERN HOTEL MARYLAND	N OF							
THE THE CONTRACT TO THE CONTRA	T COUNTRY?							
13. FATHER'S NAME	USA							
1.44.10								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	PASADENE							
NO - CLARA MOUNT 737 G ST	ND							
	INTERVAL BETWEEN							
DISTACT ON COMPITION DISTACT V	ONSET AND DEATH							
LEADING TO DEATH Arteriosclerotic cardiovascular disease	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic cardiovascular disease							
(This does not mean the mode of dying, e.g., DUE TO								
injury or complication which coused death.)								
ANTECEDENT · CAUSES								
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO								
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								
9								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS COMMAND 19B. CONDITION 19								
110	ATH?							
Z 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact local blogs, INJURY OCCUR?) 12B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact local blogs, INJURY OCCUR?)	cotion)							
UNDERLYING OR CONTRIB- home, form, foctory, street, office bldg., NJURY OCCUR? etc.)								
21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?								
OF INJURY								
(APPROX.) m. WHILE AT NOT WHILE AT WORK								
22.								
resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner								
ACTUAL MORE OF STATE HEDICAL EXAMINER -	DATE SIGNED							
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER IX								
	22/67							
NAME (Type)								
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or c	county) (Stote)							
BURIAL JAN 26 1967 ST PAUL'S CEMETERY 5600 CARDIFF	AUF MO							
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR A	DDRESS							
JAN 27 1967 P. P. H. E. Farbura DIPPEL BROS INC 1800 EL								
JAN 27 1967 P.C. & Standarma DIPPEL BROS INC 1800 EL	UMBARD ST							



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67

M.E. CASE NO.							
1. NAME OF DE		MTMO	77.7			D HOUR PRONOUNCE	
	DENVER	MITC				nuary 25, 19	
3. PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONO	JNCED DEAD	A. STATE	. RESIDENCE (Where	deceosed lived. If insti	tution: residence before admission)
FULL NAME OF	(IF NOT IN HOSP	ITAL OR INSTITU	JTION, GIVE STREET	C CITY	Maryland		Harders Co.
HOSPITAL OR	ADDRESS OR LO	CATION)		C. CITT			RURAL ond give township)
	Johns Honlein	a Hoanita	.1		Baltimore		02:-00
3.5	Johns Hopkin	s Hospita	11	D. STREE	ADDRESS (If rurol	, give location)	21085
00				160		ne hai J	onna d. 2
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE C	FERTH	9. AGE (In years lost birthday)	Months, Doys, Hours, Min.
Male	White	M		5-21	-1.92]	45	
	CUPATION (Give kind of w working life, even if retired		BUSINESS OR INDUSTRY			gn country)	12. CITIZEN OF WHAT COUNTRY?
6.	olteacher		more Co. Md.	Hamerai	derillo W	Va	USA
13. FATHER'S NA	ME	Till Ul		14. MOTH	ER'S MAIDEN NAM	E	
	James Mitc	hall				O7 Gan	
	ED EVER IN U.S. ARM	ED FORCES?	16. SO CIAL	17. INFOR	TAANT	That say	ADDRESS James
Yes, no or unknow	n) (If yes, give wor or do	otes of service)	SECURITY NO.	2.5	P . W	(a) B -	2000
-es			233-16-6765			ell 1602 Bul	
18.7	04,4		CAUSE	OF DEA	TH.		ONSET AND DEATH
DISE	ASE OR CONDITION						
(This does	not meen the mode		(A)Broncho	o-pneu	monia		
heort loilur	e, osthenio, etc. It med omplication which cause	as the diseose,	DUE TO				
	ANTECEDENT CAUS			ing Ch	est Injury		
RISE TO TI	OR CONDITIONS, IF	STATING THE	DUE TO				
	ING CONDITION LAS	т.	(C)				
0	II						
OTHER SIG	SNIFICANT CONDITION	IS CONTRIBUTI	NG				
H TO THE	DEATH BUT NOT		HE				
-			WHICH OPERATION	20 A. A!	JTOPSY? (Yes or No)	208. IF YES, WERE FIN	IDINGS CONSIDERED
0 2	WAS P	ERFORMED			Yes	IN CERTIFYING CAUS	SES OF DEATH? Yes
ZIA. EXTERN	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or about	21C. WHERE DID	(If in Boltimore City, giv	
21 A. EXTERNA O UNDERLYING UTING CA	₩OR CONTRIB-	home etc.)	form, foctory, street, o	office bldg.,		1 7 7 1	53-00
7			Street			and Jones Rd	. Baltimore Co.
OF INJURY			TE. INJURY OCCURRED		21F. HOW DID INJ		
(APPROX.)	1 13 '(67 ? m.	WHILE AT NOT AT W	WHILE X	Driver in	auto-other	motor vehicle acc
22.	rtify that I held on	Inquiry .	Inspection Au	topsy	and that on th	is bosis, deoth in m	oninion
	Ited from: Notural		Accident X Suicid		prompt of the same		
1050	Trea from: Horord	C.	Cerdent PT 301610			Undetermined monne	JF [
ACTUA	L ////	MATT	-1 (/		IEF MEDICAL EX		DATE SIGNED
SIGNA		1000	M.D		NT MEDICAL E	annua.	
EXAMI	. R11/17/00/01	r Breiter	ecker, M.D.	ASSOCIA	ATE MEDICAL E	XAMINER	1/25/67
23A. BURIAL CR	(.)6-1		C. NAME OF CEMETERY	CDEALAT	OPY 1220	OCATION (City,	town, or county) (State)
REMOVAL (Speci		23	C. TANE OF CENTETERS O	CREMAI	230.	CATION (City,	town, or coomy, (Store)
Buria		-1967	Squire Cemete	ery	H,	rrisville 1	V Va.
24A. DATE REC'I	D BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C.	FUNERAL DIRECTO	,	ADDRESS (34)
J	AN 27 1967	Or On Fr	E. Farberna	2	1 7	0 1 1	na na n
VS 151-REV. 1/1		AMOREM !	7 0 4	7	pundange	unual Home	740/ Below 5000
V3 131-KEV. 1/1	1 86 a	2.2)		4 0	a a k		L



Registered No. 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 119 Ore & Adams Co. (If outside city limits, write RURAL (If rurol, give locotion) 9. AGE (In ve If Under 1 Yr. Months: Doys If Under 24 Hrs. lost birthdovi 12. CITIZEN OF country) -/4/Hanover, Penna. ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes 21F. HOW DID INJURY OCCUR? and that in (my) (our) opinion death occurred on the date 238 DATE SIGNED (City, town, or county) Adams Co. Penna. ADDRESS Eline & Sons Reisterstown, Md. VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

Letter from M.E.'s office 2-8-67 M.H.

CONTROL DESIGNATION OF STREET

Brastin,

1

C-462 BIRTH NO.

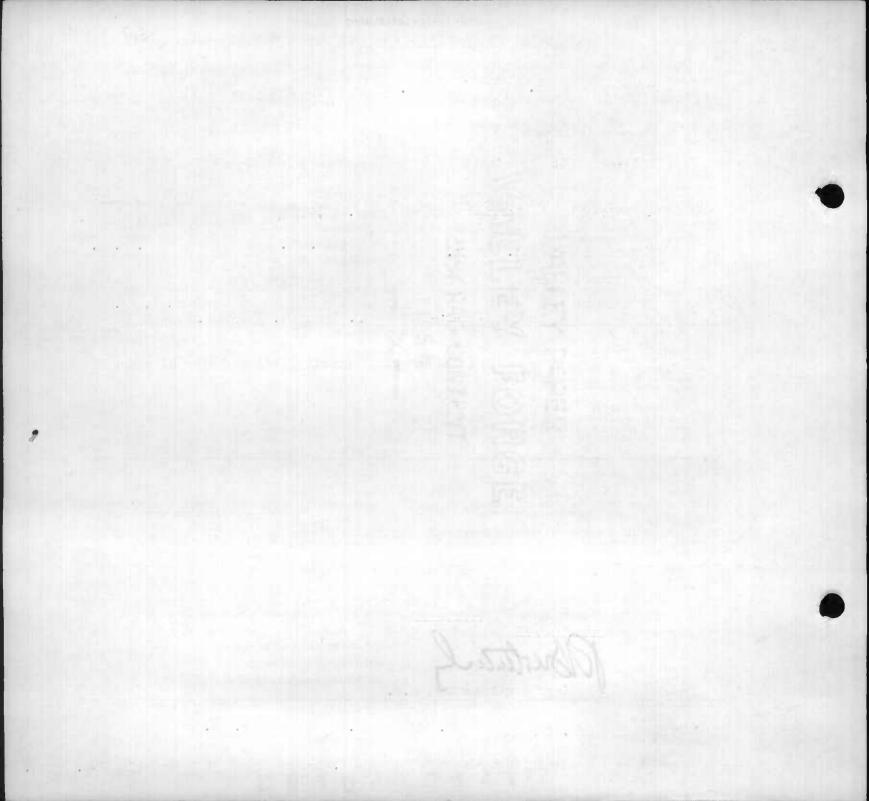
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	088	15

BALTIMORE CITY HEALTH DEPARTMENT

DICAL EVALABLED'S CEDTIES ATT OF

67 0883

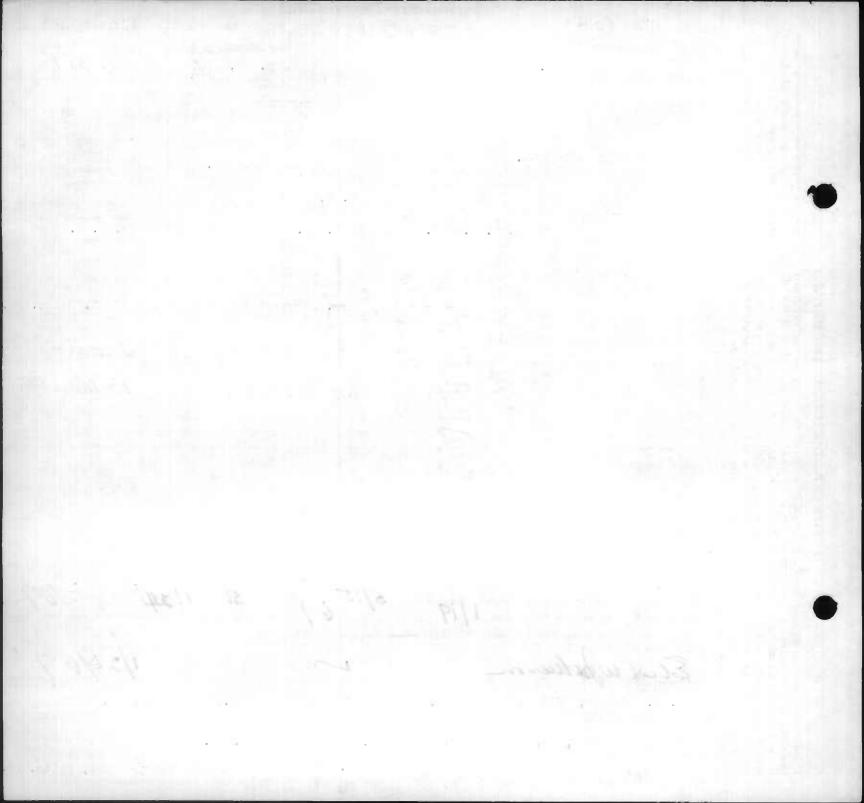
BIRTH NO.	ME	DICAL EX	CAMINER'S C	ERTIFICAT	E OF L	EATH Registe	red No.	CHOC	
M.E. CASE NO.									
I. NAME OF DE	CEASED				2. DATE ANI	HOUR PRONOUNCE	DEAD		
	ÆRNON	W.	CLARK Sr.		Janua	ry 24, 1967		3:17	Рм.
PLACE IN BAL	TIMORE, MARYLAND	WHERE PRONOL		A. STATE	ENCE (Where	deceased lived. If insti	itution: residence		
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOS ADDRESS OR LO	PITAL OR INSTITU	JTION, GIVE STREET		ryland VN (If outside	corporate limits, write	m /	ve townsh	,
3/1	Baltimore Ci	ty Hospit	als	D. STREET ADDE		give lacation)	00	٧	
					13 Curr				
Male	White		NEVER MARRIED DIVORCED (specify) 1ed	Aug. 11,		9. AGE (In years last birthday) 66	Months Doys		
done during most of	working life, even if retire	ed)	BUSINESS OR INDUSTR	Balto.		n country)	12. CITIZEN O	UNTRY?	1
Cab Dr		Vet. C	ab Co.	14. MOTHER'S M.			U. S	il. e	
3. FAIRER 3 NA				14. MOTHERS M.	AIDEN NAME				
	Ernest (Clark	?			
	ED EVER IN U.S. ARA		16. SOCIAL SECURITY NO.	17. INFORMANT		Woodstoc	ADDRESS		
	, , , , , , , , , , , , , , , , , , , ,		218-14-2812	Mas Trans	on II o				
18. // =	40			OF DEATH	on w. C.	lark Jr. Box		eg Lai	
Soylin Cont	ad 1		CAUSI	OF DEATH				ET AND	
UN DERLY	OR CONDITIONS, I HE ABOVE CAUSE (A ING CONDITION LA	STATING THE	(C)					•••••	(
O THE	II GNIFICANT CONDITIO DEATH BUT NOT DR CONDITION CAUS	RELATED TO T							
	F OPERATION 198. C		WHICH OPERATION	20A. AUTOPSY		20B. IF YES, WERE FIN IN CERTIFYING CAUS			
UNDERLYING	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., , farm, factory, street,	in or obout 21C. W	HERE DID (If in Boltimare City, give	re exact location	n)	
21D TIME OF INJURY	(Month) (Doy) (TE. INJURY OCCURRED	21F. HC	OW DID INJU	RY OCCUR?			
		m. V	VHILE AT NOT						
22. I ce	rtify that I held an	Inquiry 🗌	Inspection X Au	topsy and	I that an thi	s basis, death in m	y opinion		
resu	Ited from: Natural	couses X	ccident 2 Suicid	le Hamich	de 🗌 U	Indetermined manne			
	1/)1	1 0	7/		EDICAL EX				
ACTUA		no the	7, 1				DA	ATE SIG	NED
SIGNAT	. 11010	Jus ma	M. D	ASSISTANT MI					
NAME	(Type) V Rudi	_	enecker, M.D.					25/67	
23A, BURIAL CR REMOVAL (Speci		23	C. NAME OF CEMETERY				town, or county	1 (State)
Burial	Jan.	27, 1967	Mt. Olive			to. Md.			
MA. DATE REC'E	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERA	AL DIRECTOR		ADDR	ESS	
JA	N 27 1967	P.P. 48	Farber M. D	G Tr	uman So	hwab 3512 Fr	edeni ol	ATEC	Dall
/S 151_DEV 1/1		TO COLOR	1	O 0	0 17	imau JJIC FI	edelick .	AVE.	Dalt



Such

	BALTIMORE CITY	HEALTH DEPARTMENT	
BIRTH NO. 67 0884	CERTIFICA	TE OF DEATH Registered No.	67 0881
1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	21352
Gladys A.		Jan. 24, 1967	3.31 / M.
3. PLACE OF DEATH IN BALTIMORE, MARY	/LAND	A. STATE B. COUNTY	itutian: residence befare admission)
FULL NAME OF (If not in hospital or HOSPITAL OR oddress or tocotion)	r institution, give street	Maryland C. CITY OR TOWN (If outside city limits, write RU	IRAL and aire towards
INSTITUTION			The state of the s
		Baltimore D. STREET ADDRESS (If rurol, give location)	0000
4011 Walrad S	St.		
5. SEX 6. RACE 7	, MARRIED, NEVER MARRIED	B, DATE OF BIRTH 19. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
J. SEA	WIDOWED, DIVORCED (specify)	lost birthdoy)	Months Doys Hours Min.
Female White	Single	Oct. 6, 1908 58	12. CITIZEN OF
done during most of working life, even if retired)			WHAT COUNTRY?
Clerk	U. S. F. & G.	Balto. Md.	U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John Fuegel		Margaret Lind	
15. Was Deceased Ever in U. S. Armed Force		17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes	of service) SECURITY No. 215-07-8650	Mrs. Margaret Fuegel 4011	Welmed St Belto Md
	CAUSE O		INTERVAL BETWEEN
18.420,1		PUEATR	ONSET AND DEATH
DISEASE OR CONDITION DIRE		ive pulmonary embolism	Sugger
(This does not mean the made of	dying, e.g., DUE TO	Ive parmonary emporrom	Sudder 15 Moutes
heart failure, asthenia, etc. 11 means 1			15m. 15
ANTECEDENT CAUSES	(B) Co	ronary heart disease	13 maces
DISEASES OR CONDITIONS, if a	DUE TO		
rise to the above cause (A)			
UNDERLYING CONDITION last.			
- 11			
OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TED TO THE		
DISEASE OR CONDITION CAUSING IT.		[20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FI	NDINGS CONSIDERED
TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. COND WAS PERFO	ORMED	IN CERTIFYING CAU	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY le.g., in	Yes (If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH Inotify medical examinet	home, form, foctory, street, of	ffice bldg. INJURY OCCUR?	ony, gree exact location
O 21D. TIME (Month) Doy) Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY	While At Not While		
[APPROX.)	Work At Work	1.0	11
22. I certify that (I) (this hospital)	attended the deceased from	1930 10 1	194
that (i) (we) last saw the deceased	olive on 1./ L7	19 and that in (my) (our) apin	on death accurred on the date
and haur and from the causes state	ed above. (I) (We) (did) (d id not) v	view the body ofter death.	
23A. SIGNATURE			23 B. DATE SIGNED
Ested washer	M.D. Atte	ending Med. Stoff Stoff Phys.	1/26/67
23C. PHYSICIAN'S		23D. ADDRESS	1-1-
E. W. Johnson, 3432	Frederick Ave. M.D.	3432 Frederick Ave., Baltimo	re. Md. 21229
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRI		, town, or county) (State)
REMOVAL (Specify)	240, ITAINE OF GENTEREN OF GRI	Dalla Ma	, long of county) (Sidie)

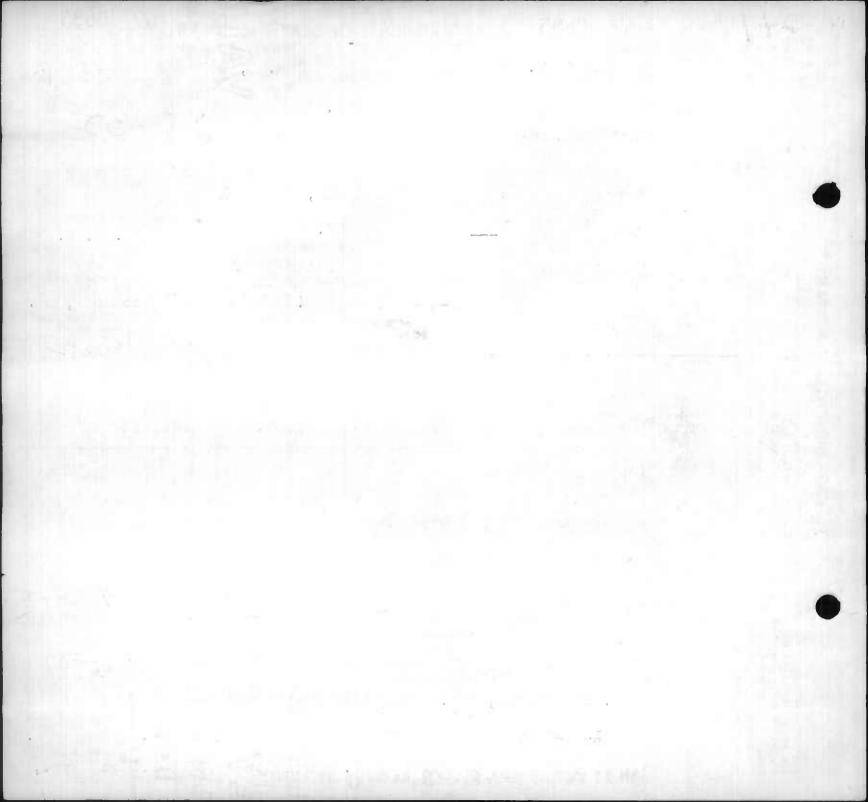
Balto. Loudon Park, Cem. Jan, 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR ADDRESS Schwab 3512 Frederick Ave, Balto. Md VS 150-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT

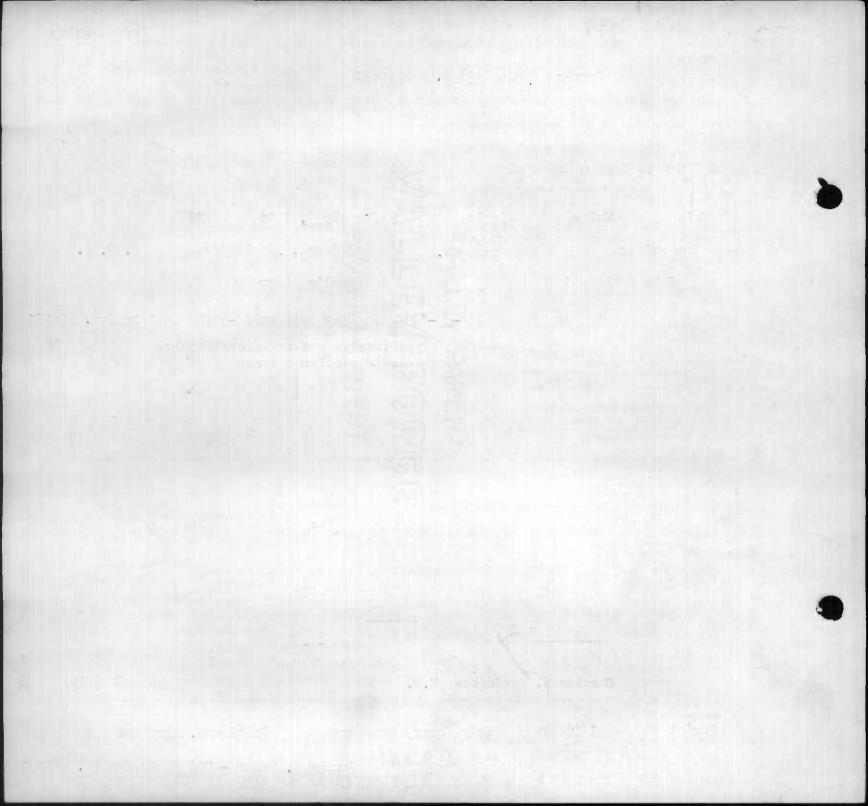
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

			BALTIMORE CITY	HEALTH DEPARTMENT		CM	0885
BIRTH NO.	67 0885		CERTIFICA	TE OF DEATH	Registered No	67	0000
M.E. CASE NO.			CERTITION				
Type or Print)					ND HOUR OF DEATH		
	Bessie S		lfresh	Jan.	24,1967		5 P. M
	EATH IN BALTIMORE, MA			A. STATE B. COU	INTY	stitution: ie	sidence before od nission)
FULL NAME HOSPITAL OI INSTITUTION	OF (If not in hospital a R oddress or location		give street	C. CITY OR TOWN ()F	outside city limms, write	RURAL ond	give lownship)
Gu	ndry Sanitar	cium		Baltimore D. STREET ADDRESS 0	If rural, give location)	(
70				4211	Wentworth		
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under	1 Yr. If Under 24 Hrs. Doys Hours Min.
Female	White	Wide		uly 23,1875	lost birthdoy)	TVIO II II S	Doy's Hoors will.
10A. USUAL OC	CUPATION (Give kind of work			11. BIRTHPLACE (State or fo	reign country)	12. CITIZ	
	of working life, even if retired}	1		Md.		WHA	AT COUNTRY?
House		å o	PR 401			U	. S. A.
13. FATHER'S NA	AME			14. MOTHER'S MAIDEN N	AME		
	iam Simmons			Eliza Ha			
(Yes, no or unknov	ed Ever in U. S. Armed Fore wn) (If yes, give wor or dote	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	313 Hampden	Lan	ADDRESS
no			220-44-034	17. INFORMANT 2 John Lister	r McElfresh	1-Bet	hesda, Md.
1B	211		CAUSE O	F DEATH			NTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DIR LEADING TO DEATH	ECTLY	1149	Formears!	· CVE)	makes
heart failure	not meon the mode of e, osthenia, etc. It meons	the disease,	DUE TO	LUVU V V V V V V V V V V V V V V V V V V			1
injury or co	omplication which caused	death.}	(P)				
	ANTECEDENT CAUSES		DUE TO		***************************************		,
rise la	OR CONDITIONS, if the above couse (A)		(C)				004 A 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
UNDERLYII	NG CONDITION last.						
O THER SIG	II SN)FICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING I	TED TO TH					
	OF OPERATION 198. CON	DITION FOR V	WHICH OPERATION	20A. AUTOUSY? (Yes or I	No) 20B.)F YES, WERE IN CERTIFYING CA	FINDINGS USES OF D	CONSIDERED DEATH?
OR CONTRI	DENT WAS UNDERLYING DENTING CAUSE OF	21 B. hom etc.)	e, form, foctory, street, of	ffice bldg.,	(If in Boltimore	City, give	e exoct locotion)
21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
S OF INJURY		Whi	ile At Not While	e		\cap	
22. 1 ca-41	fy that (1) (this hospital				1964 to	1000	# 1967
11 1	e) lost sow the decease		101 9 #	(7)	/	nion doca	h occurred on the dot
				/	11	mon deor	ii occurred on the dot
		ed obove. (I) (17-57-166-d) (dld not) v	riew the body ofter death			
23A. SIGNA	ORE // A A		V		F. 11	23B. DAT	E SIGNED
F	TOU Wella	uren	M.D. Atte	ending Med. Director	Stall Phys.	1	26-61
23 C. PHYSIC	IAH'S			23D. ADDRESS			
NAME		amson,	2nd. M.D.	5550 Baltime	ore Nationa	al Pi	ke
24A. BURIAL CI			AME of CEMETERY of CRI				
REMOVAL	(Specify)					ity, town, o	
Buria		20.1	tone Chapel		Baltimore (10.	Md.
25A. DATE REC	'D BY HEALTH DEPT.	25B. NAME C	OF REGISTRAR	25C. FUNERAL DIRECTO			ADDRESS
	TAN 97 1007	00 4	O'TEN WAS	G. Howard S	trong 3207	W. No	orth Ave.,
V\$ 150-REV. 1/	1/65	Jan Jan J	C. CORNELLA	0 0 0			



	67 TH NO. E. CASE NO.	0886 _{MED}		BALTIMORE CITY HEAL (AMINER'S CI			EATH Regist	ered No.	0886
l. (Ťy	NAME OF DEC	EASED Bernard	l (Boles	law) A. Rutko UTKOWSKI	wski		ry 25, 196		4:45 P
3.	PLACE IN BALTI	MORE, MARYLAND, W					eceased lived. If in B. CO	stitution: residence	M.
HC	SPITAL OR	ADDRESS OR LOC	ATION)	UTION, GIVE STREET	c. city or tov	timore	corporate limits, wri	e RORAL ond	ye fownship)
1	Churc	h Home & Hos	pital	(DOA)	11	S. Broad			
	Male	6. RACE White	WIDO WED,	NEVER MARRIED DIVORCED (specify)	January	1	9. AGE (In years lost birthday)	If Under 1 Y Months Doy	r. If Under 24 Hrs. s Hours Min.
10/	USUAL OCCU	PATION (Give kind of wor orking life, even if retired)	Meadow	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign	country)	12. CITIZEN CONHAT CON	OUNTRY?
13.	FATHER'S NAM	E	1200 01	Schill Coa.	14. MOTHER'S M.	AIDEN NAME			
1 5. Ye	WAS DECEASED	Rutkowski EVER IN U.S. ARMEI (If yes, give wor or dot	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Sidor		ADDRESS	
	Yes	World War		212-07-1314	Anthony I	Rutkowsk	i - 1908 E	astern A	ve. #21231
TION	A DISEASES (RISE TO THI UN DERLYIN	LEADING TO DEATI of meon the mode or osthenio, etc. It meon aplication which caused NTECEDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) S G CONDITION LAST.	dying, e.g., s the discose, death.) SS ANY, GIVING TATING THE	(B) DUE TO (C)	liovascula	r disea:	S e		
CERTIFICATION	OTHER SIGN TO THE DISEASE OF	IFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING OPERATION 198, CON	LATED TO 1 G IT.	THE	20A. AUTOPSY		OB. IF YES, WERE F		
MEDICAL C	21 A. EXTERNAL UNDERLYING CAUS	CAUSE WAS OR CONTRIB-	21B.	PLACE OF INJURY (e.g., i	Yes	HERE DID (If	Yes		
Σ	21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yea	,	WHILE AT NOT WORK AT W	WHILE	N DID INJUR	Y OCCUR?		
					e Homici	de Ur EDICAL EXA		ner 🗌	ATE SIGNED
	EXAMIN NAME (1	ype)	S. Spri	ngate, M.D.	ASSOCIATE M	EDICAL EX	AMINER J	anuary 20	5, 1967
RE/	MOVAL (Specify	1/30/6		C. NAME OF CEMETERY O		23 D. LO		y, town, or count	y) (Stote)
-		JAN 27 1967	248, NAME	of REGISTRAR	24C. FUNERA	AL DIRECTOR	er - 705 S	ADDI	St. #2123

George A. Weber - 705 South Ann St. #21231

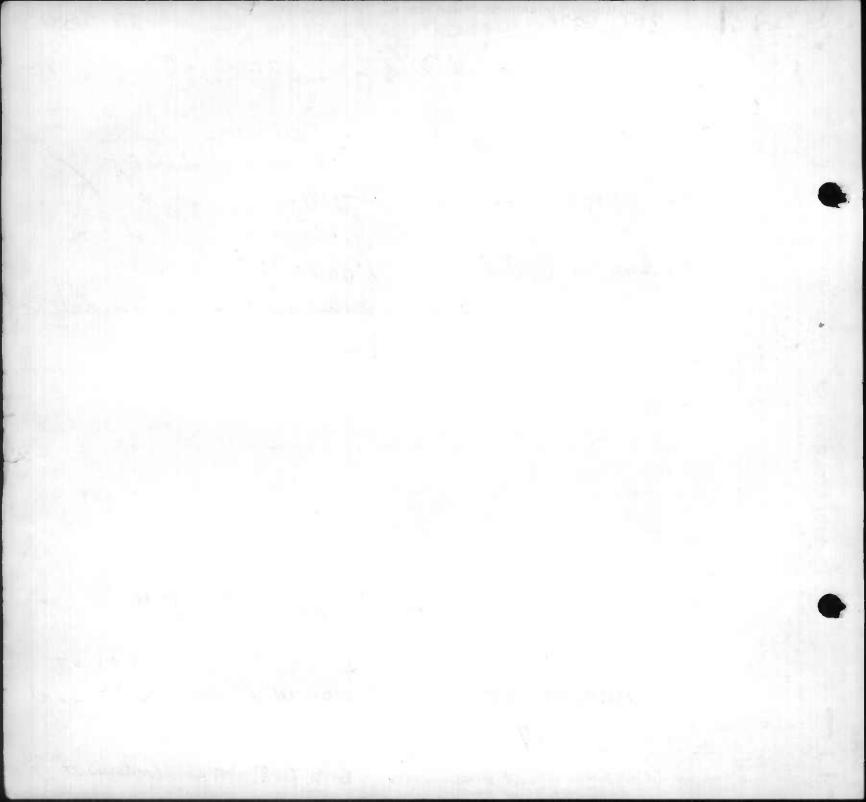


IMPORTANT FUNERAL DIRECTOR:

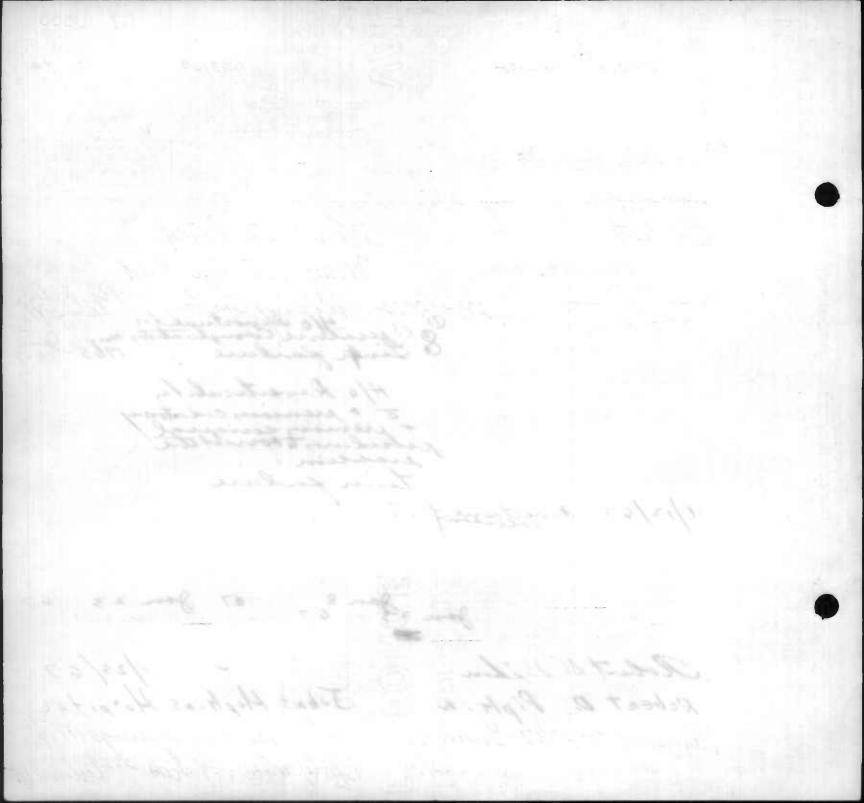
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3 0

BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 6667 Registered No. RTIFICATE OF DEATH M.E. CASE NO. 2, PATE AND HOUR OF DEATH Institution: residence before admission Mausside city limits, write RURAL and give tawnship) If Under Yr. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimare City, give exact lacation) 2/ ... ond that in(my) (our) opinion death accurred on the date 23B. DATE SIGNED FUNERAL DIRECTO



1	8	ALTIMORE CITY HEALTH DEPARTMENT	· · ·	0888				
	BIRTH NO. 67 0888	CERTIFICATE OF DEATH	Registered No.	0000				
	M.E. CASE NO.		ND HOUR OF DEATH					
	(Type or Print) MASON, THELMA		1/23/67	8 A M				
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Whe	ere deceased lived. If institution: resid	ence before odmission)				
	FULL NAME OF (If not in hospital or institution, give stre HOSPITAL OR address or location)	West Virgini	.a Itside city limits, write RURAL ond gi	us Asurabis				
	INSTITUTION	Berkeley Sp	11	Ve lownship!				
6	3		rurol, give locotion)					
0	The Johns Hopkins Hospital	-						
mad	5. SEX 6. RACE 7. MARRIED, NEVER WIDOWED, DIVO Married Married	RCED (specify)	9. AGE (In yeors II Under 1 Months Do	Yr. If Under 24 Hrs. ys Hours Min.				
n is	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINE		eign country) 12. CITIZEN	OF COUNTRY?				
disposition	House	Washingh	ton la. ma					
osi	13. FATHERS NAME	14. MOTHER'S MAIDEN NA	ME					
isp	William E. Baker	Mary la	Therine Rud					
P	15. Was Deceased Ever in U. S. Armed Forces? 16. SO	CIAL TO INFORMANT	AI AI	POPESS 6.1.				
final	732-	-10-3232 della les	1 Trombtome, 1	Terkelly				
or f	18.5 22.11	() CAUSE OF DEATH 4/0 De	verticality int	EXVAL BETWEEN				
7	DISEASE OR CONDITION DIRECTLY	& peralenel	origications in	SET AND DEATH				
balme	(This does not mean the made of dying, e.g.,	The Jenge fail	use.	165-1967				
bal	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	11/ 0 =	201					
еш	ANTECEDENT CAUSES (B) #10 Reverlicellity							
0	DISEASES OR CONDITIONS, if ony, giving	DUE TO a premia	us colostones					
Sar	rise to the abave couse (A) stoling the UNDERLYING CONDITION (as).		engual/					
remains	UNDERLYING CONDITION lost.							
E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	pronten!	,					
	DISEASE OR CONDITION CAUSING IT.	Tener fail	ure					
the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	OPERATION 20A. AUTOPSY? (Yes of N.	o) 20B. IF YES, WERE FINDINGS CO	NSIDERED ATH?				
ore	U 21 A ACCIDENT WAS UNDERLYING CONTENTS PLACE	OF INJURY (e.g., in or about 21 C. WHERE DID	(II in Boltimore City, give e	xoct locotion)				
bef	OR CONTRIBUTING CAUSE OF home, form, etc.)	Schory, street, office bldg., INJURY OCCUR?						
TO		Y OCCURRED 21F. HOW DID INJ	JURY OCCUR?					
aine	S OF INJURY (APPROX.) While At	Not While At Work						
bta	22. I certify that (I) (this hospital) attended the dece		1967 10 Jan 2	3 1967.				
pe o	that (I) (we) last saw the deceased alive on		hat in(my) (aur) opinion deoth					
	ond haur and from the couses stated above. (1) (We)							
must	23A. SIGNATURE		23B. DATE S	GIGNED				
	Robert & Listin	M.D. Attending Med. Director	Stoff Phys. 1/2	3/67				
0 10	23C. PHYSICIAN'S NAME, (Type)	23D. ADDRESS	11 / 1/	1				
approval	ROBERT D. PipITi	N M.O. JUHNS	-lopkins Hos	pital				
	24A. BURIAL CREMATION 24B. DATE 24C. NAME of	CEMETERY OF CREMATORY 24D.	OCATION (City, yown, or c	ounty) MISTOTE!				
ten	Removal Jan 23/67 Tren	way /3	estely your	ys (11.1/w)				
written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGIS	STRAR 250 DUNERAL DIRECTO	1 16/ 20	ADDRESS				
3	JAN 27 1967 R.C. 6 2. 4	ansient I surgally	swell sen	certeansst				
	VS 150-REV. 1/1/65	- /						



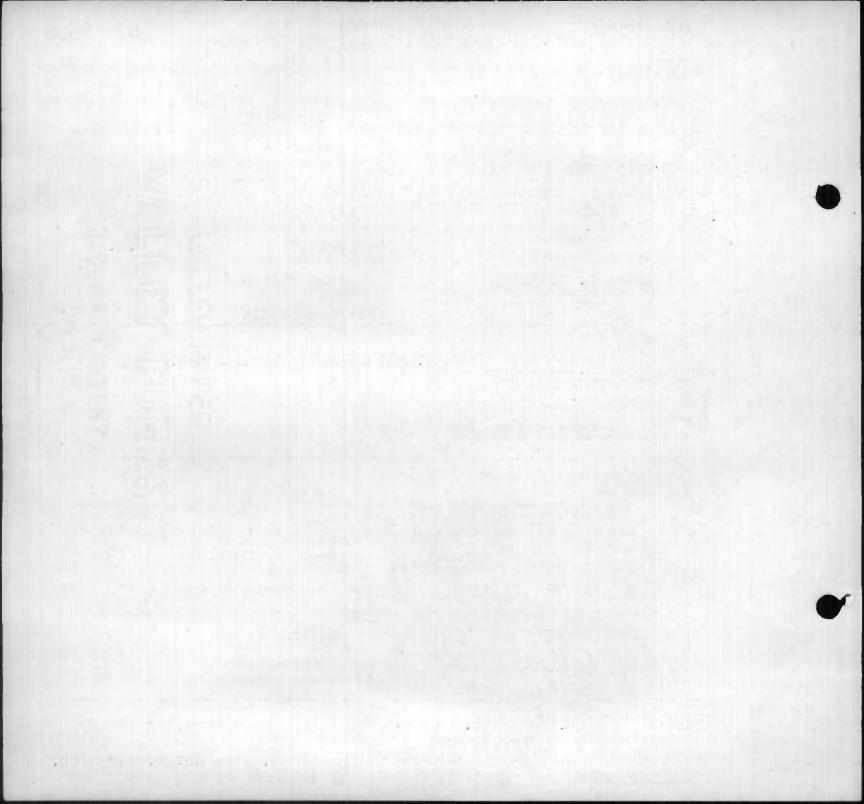
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BALTIMORE	CITY	HEALIH	DEPARTMEN

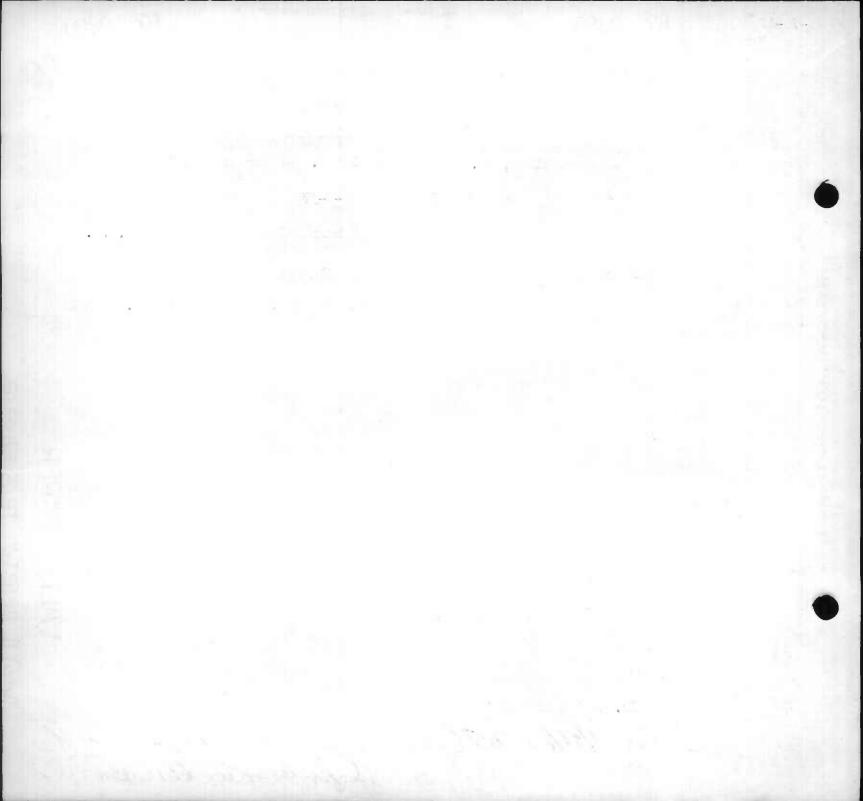
67	0889
MI-	

	6	0889	
ı	BIRTH NO.		N

AFDICAL EXAMINER'S CERTIFICATE OF DEATH Registered

M.E. CASE NO.	DICAL LA	CAMILITER 5 CI	EKTITICATI	L OI DEATH				
1. NAME OF DECEASED			2	ADATE AND HOUR PRONOUNC	ED DEAD			
(Type or Print) CHARI	LES	G ELLIS		January 22, 19	67 , 2:32 P			
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDEN		titution: residence before odmission) UNTY			
FULL NAME OF (IF NOT IN HOSE ADDRESS OR LO	PITAL OR INSTITU	UTION, GIVE STREET		y Lattu N (If outside corporate limits, write	e RURAL and give township)			
INSTITUTION	CAHON			timore	1902			
Franklin Square	Hospital			SS (I(rurol, give location)				
Franklin Square	Hospital			N. Bruce Street				
5. SEX 6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.			
Male Negro	WIDO WED,	DIVORCED (specify)	4/28/2	lost birthdoyl 36	Manths Days Hours Min.			
IOA, USUAL OCCUPATION (Give kind of w		F BUSINESS OR INDUSTRY			12. CITIZEN OF			
done during most of working life, even if retired	d)		Marylar	nd	WHAT COUNTRY?			
13. FATHER'S NAME			14. MOTHER'S MAI	DEN NAME				
Charles G. E	llis		Cora	Wilson				
15. WAS DECEASED EVER IN U.S. ARM (Yes, no arunknawn),(III yes, give war or d		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS			
			Florence	Ellis				
18. Y		CAUSE	OF DEATH		INTERVAL BETWEEN			
DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode	TH	(A) Gunsho	t Wounds of	f Chest.and Head.	ONSET AND DEATH			
(This daes not mean the made heart (cilure, asthenia, etc. It med injury or complication which couse	ons the diseose,	501 10						
ANTECEDENT CAU	ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, IF	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO							
RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS					157			
Z		(C)						
OTHER SIGNIFICANT CONDITION	IC CONTRIBUTION	NG						
O THE DEATH BUT NOT	RELATED TO T				THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW			
DISEASE OR CONDITION CAUSI	ONDITION FOR	WHICH OPERATION	20A. AUTOPSY?	(Yes or No) 208 IF YES, WERE FI	NDINGS CONSIDERED			
WAS P	ERFORMED		Yes	IN CERTIFYING CAU				
21A. EXTERNAL CAUSE WAS UNDERLYING NOR CONTRIB-	21 B.	PLACE OF INJURY (e.g.,		HERE DID (If in Baltimore City, gi	ive exoct lacation)			
UNDERLYING型OR CONTRIB- UTING CAUSE OF DEATH.	etc.)	Street		t of 1338 W. Lexi				
21D TIME (Month) (Day) (Y	ear) (Hour) 2	TE. INJURY OCCURRED		V DID INJURY OCCUR?				
(APPROX.) 1 22 16	67 P	WHILE AT NOT W	WHILE X Sho	t during altercat	ion.			
22. 1 certify that I held on				that on this basis, death in m				
resulted from: Natural	couses	Accident Suicide	Homicide	Undetermined monn	er _			
0/		/ /	CHIEF ME	DICAL EXAMINER	DATE SIGNED			
SIGNATURE C	aches 1	Lety M.D.	ASSISTANT ME	DICAL EXAMINER X	DATE SIGNED			
EXAMINER'S	les S. Pe	0		DICAL EXAMINER	1/24/67			
23A. BURIAL CREMATION, 238. DATE REMOVAL (Specify)	23	C. NAME of CEMETERY o	CREMATORY	23D. LOCATION (City	, town, or county) (State)			
Burial 1/2		Mt. Auburn		Baltimore,				
24A. DATE REC'D BY HEALTH DEPT.	248, NAME	OF REGISTRAR	24C. FUNERAL	DIRECTOR	ADDRESS			
JAN 27 1967	Color	E. Sanbergha	Charle	s A. Rice 661	W. Barre St.			
VS 151-REV. 1/1765A	2 1 13	6707	0 8	-0 7				





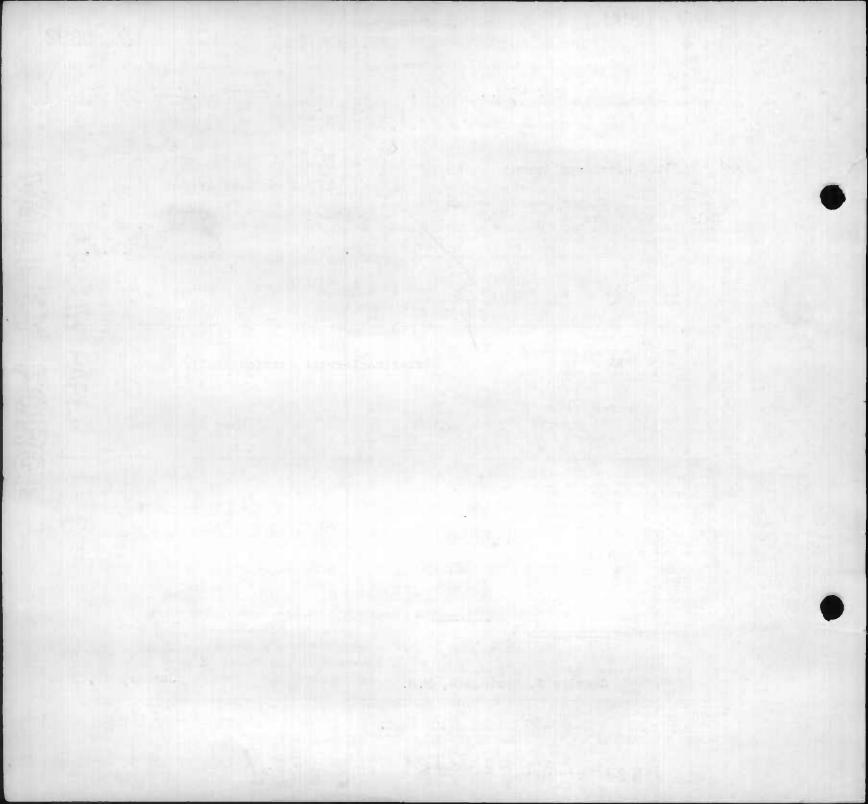
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T-655

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered NG7 0892

M.E. CASE NO.					
1. NAME OF DECEASED		2. DATE AND HOUR PRONOUNCED DEAD			
	BENJAMIN J. TRAYNHAM		January 26, 19	67 1 12:50 Am.	
3. PLACE IN BALTIMORE, MARYLA	ND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If inst	itution: residence before odmission)	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET		Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and rive township)			
	LOCATION)	C. CITY OR TOWN (IF	outside corporate limits, write	RURAL and pive township)	
		Baltimo	ore /		
1304 Edmonds	on Avenue	D. STREET ADDRESS (f rurol, give location		
		1304 Ed	lmondson Avenue		
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	
Male Negro	Married	2-22-91	75		
10A. USUAL OCCUPATION (Give kind	of work 108. KIND OF BUSINESS OR INDUST			12. CITIZEN OF WHAT COUNTRY?	
done during most of working life, even if	etired)	Va.		U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	0.0.11	
Thomas	Traynham	Addlie			
15. WAS DECEASED EVER IN U.S.	ARMED FORCES? 16. SOCIAL	17. INFORMANT		ADDRESS	
(Yes, no orunknown) (If yes, give wor	or dotes of service) SECURITY NO.	75 774 1 -	m	01 721 1	
	21)944201	Mary Etta	Traynnam 13	O4 Edmondson Av	
1B. 44 9 9 1	CAU	SE OF DEATH		ONSET AND DEATH	
DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION OTHER SIGNIFICANT COND TO THE DEATH BUT N DISEASE OR CONDITION C. 19A. DATE OF OPERATION 19 W	ITIONS CONTRIBUTING OT RELATED TO THE				
	B, CONDITION FOR WHICH OPERATION AS PERFORMED	20 A. AUTOPSY? (Yes	IN CERTIFYING CAU		
ZIA, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g. home, farm, foctory, street, etc.)	, in or obout 21C. WHERE	DID (If in Baltimore City, gi UR?	ve exact location)	
21D TIME (Month) (Doy)	(Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?		
OF INJURY (APPROX.)		WHILE			
22. I certify that I held			an this basis, death in r	ny apinian	
resulted from: Natu	ral causes X Accident Suici	de Hamicide	Undetermined mann	er 🗌	
(31	1 00 -2	CHIEF MEDICA	AL EXAMINER	DATE SIGNED	
ACTUAL (ils J. grat M.	D. ASSISTANT MEDICA	AL EXAMINER X	DATE SIGNED	
EXAMINER'S Char	les S. Springate, M.D.	ASSOCIATE MEDICA		anuary 26, 1967	
23A, BURIAL CREMATION, 23B. D	ATE 23C. NAME OF CEMETERY	or CREMATORY	23 D. LOCATION (City.	, town, or county) (State)	
REMOVAL (Specify) Burial 1.	-30-67 Arbutus Mer	n. Park	Arbutus, Ma	ryland	
24A. DATE REC'D BY HEALTH DEP		24C. FUNERAL DIR		ADDRESS	
1831 0 7 400	7 DO 48 Farleyma	George	G. Kelson 13	48 N. Calhoun St	



Such

death.

attendance on the

A. STATE C. CITY D. STREE AARRIED CED (specify) B. DATE C	2. DATE AN L RESIDENCE (When B. COUN OR TOWN (If out T ADDRESS (If A) R 199 DE BIRTH	re deceased lived. If ins TY tside city limits, write R	4:30 A stitution: residence before odmission with the state of the sta
A. STATE C. CITY D. STREE AARRIED CED (specify) B. DATE C	L RESIDENCE (When B. COUN AT V AND OR TOWN (If out) T ADDRESS (IF A) DE BIRTH	re deceosed lived. If ins TY listed city limits, write R R R R R R R R R R R R R R R R R R R	RURAL and give townships
A. STATE C. CITY D. STREE AARRIED CED (specify) B. DATE C	RESIDENCE (When B, COUN B, COUN COUN COUN COUN COUNT) TADDRESS (IF A) R 199 PER EIRTH	re deceosed lived. If insTY Iside city limits, write R rurol, give locotion) S PUC 9. AGE (In years	RURAL and give townships
A. STATE C. CITY D. STREE AARRIED CED (specify) B. DATE C	B. COUN AT V AND OR TOWN (IF OUT T ADDRESS (IF A) R 199	Iside city limits, write R Turol, give locotion) S P AGE (In years	RURAL and give townships
D. STREE	T ADDRESS (IF	rurol, give locotion) S A J C 5. AGE (In years	#17 Fli Under 1 Yr. If Under 24 H
D. STREE	T ADDRESS (IF	rurol, give locotion) S A J C 5. AGE (In years	#17 Fli Under 1 Yr. If Under 24 H
AARRIED B. DATE CED (specify)	A RIGG	rurol, give locotion) S A UE 9. AGE (In years	#17 Hi Under 1 Yr If Under 24 H
AARRIED B. DATE CED (specify)	21 Rigg	S AUE 9. AGE (In years	#17 If Under 1 Yr If Under 24 H
CED (specify)			If Under 1 Yr If Under 24 H
CED (specify)			III Oliver I II II Oliver 24 I
S OR INDUSTRY 11. BIRTH	2-34		Months Doys Hours Min.
	PLACE (State or forei	an country)	12, CITIZEN OF
3	1	g	WHAT COUNTRY?
. (rainie		United Stat
14. MOT	HEREMAIDEN NAM	W.F.	
Ti	siah Tall	Lev	
AL JRITY NO.	MANT		ADDRESS
-50-5858 Geo	rge Saile	es 162	1 Riggs Ave.
CAUSE OF DEATH			INTERVAL BETWEEN
^			ONSET AND DEATH
(A) Phei	monia	***************************************	Two weeks
005 10			
Sas	roldes	18	Tom years
DUE TO		•	
(C)			
HOOM OND OO H I ON OO OO OO OO OO OO OO OO		1-0000	
	_		
Rhen	matic F	-016-	E/
		20R IF YES WEDE E	LIEVEN YEARS
	1/0	IN CERTIFYING CAU	JSES OF DEATH?
FINJURY (e.g., in or about)	21C. WHERE DID	(If in Boltimore	City, give exact location)
foctory, street, office bldg.,	INJURY OCCUR?		
OCCURRED	21F. HOW DID INJ	URY OCCUR?	
Not While			
	17	0.00	n vary 23 19 6
	AL JRITY NO. 17. INFOR 50 – 58 58 GeO CAUSE OF DEATH (A) POLY (B) Sas DUE TO (C) PERATION 20A. A OF INJURY (e.g., in or obout occory, street, office bidg., OCCURRED Not While At Work	Tisiah Tall JRIM Nd. 50-5858 George Saile CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) PERATION PERATION 20A. AUTOPY? Aves or No OF INJURY (e.g., in or obout 21C, WHERE DID foctory, street, office bldg., Not While At Work Not While At Work 21F. HOW DID INJURY	Tisiah Talley AL JIRITY NO. 50-5858 George Sailes 162 CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) PERATION 20A. AUTOPSY? Nes or No! 20B. IF YES, WERE FIN CERTIFYING CAL OF INJURY (e.g., in or about 21C, WHERE DID (If in Boltimore foctory, street, office bldg., INJURY OCCUR? OCCURRED Not While At Work 21F. HOW DID INJURY OCCUR?

25C. FUNERAL DIRECTOR

Charles

Jacoby HA

JAN 27

VS 150-REV. 1/1/65

1967

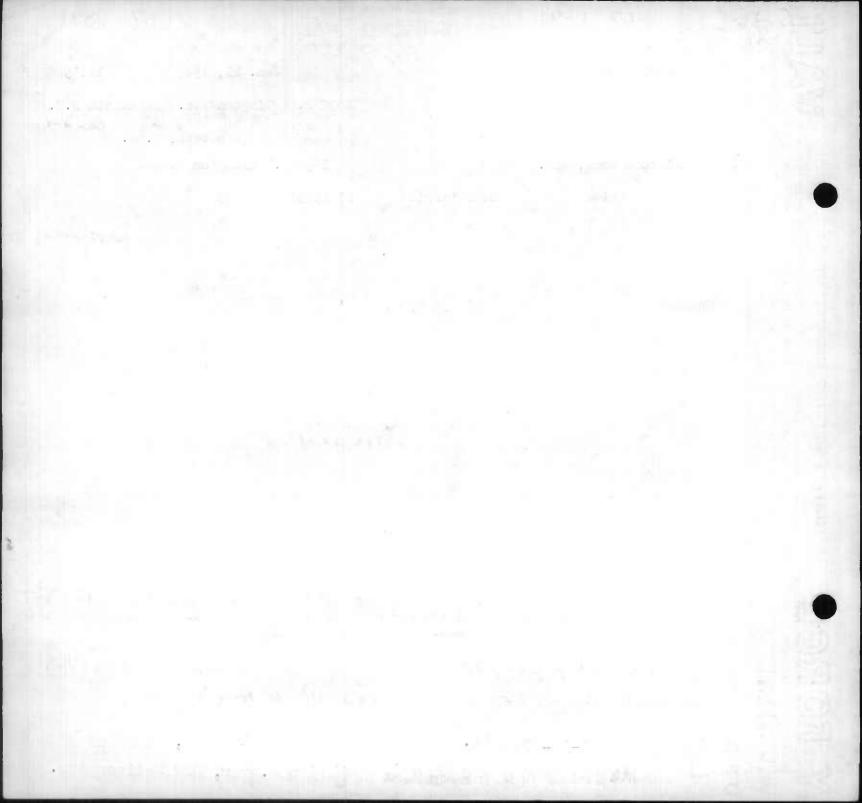
ADDRESS

Law 802 Madison Avenue

The sale of the sa रहिया केलवुड नेपर अस्त at gest the return A Marrial N PHYSIC Adams volt Previnonia 10m years Somethighted Browning Tolar Bear yes Married as the second of the mark of the second University Hospital

	eath occurred	or contributi	Indetermined	s in regular	deceased pr	ition is made.
IMPORTANT	or his assistant if d	Also, if the direct	e of any kind; (4) U	nounced death was	attendance on the	med or final dispos
FUNERAL DIRECTOR: IMPORTANT	of medical examiner	medical examiner.	y burns; (3) A fractur	physician who pro-	ian was in regular	e remains are embal
FUNE	pproved by the chie	the hospital by a	any nature; (2) Bod	(except where the	; and (6) No physic	e obtained before th
	This certificate must be approved by the chief medical examiner or his assistant if death occurred	the body was released to the hospital by a medical examiner. Also, if the direct or contributi	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined	was D.O.A. at a hospital (except where the physician who pronounced death was in regular	deceased prior to death); and (6) No physician was in regular attendance on the deceased pr	written approval must be obtained before the remains are embalmed or final disposition is made.

1	527	67 0894 BALTIMORE CITY	HEALTH DEPARTMENT			
7	26 6 5 6	BIRTH NO. M.E. CASE NO. CERTIFICAT	TE OF DEATH Registered No. 67 0894			
	death death eased in the Such	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH			
	of deat Of deat Decease e on th	Mary Jones 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission)			
	sse (5) and ded		A. STATE B. COUNTY 1032 N. Arlington Ave. Rehobeth N.H. C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
	C	0	D. STREET ADDRESS (II rurol, give location), N. H.			
8	ar de.	Midtown Home, Inc.	1032 N. Arlington Avenue			
	occurred in ontributing ermined ca regular at regular at is made.	Female WEGRO WIDOWED, DIVORCED (specify) Never Married	DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months Oays Hours Min.			
	nt if death direct or co direct or co co; (4) Undete the was in read to the dece	10A. USUAL OCCUPATION (Give kind of work) 10B. KfND OF BUSINESS OR INDUSTRY I done during most of working life, even if retired)	WHAT COUNTRY?			
	de de sit	13. FATHER'S NAME	4. MOTHERS MAIDEN NAME America			
— :	rec (4) 4+ th					
RTAN	the the kind deal	15, Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of service) Unknown 16. SOCIAL SECURITY NO. 212 32 0568	Midtown Nursing Home 808 St. Paul St.			
PORT	s a if	DISEASE OR CONDITION DIRECTLY	DEATH INTERVAL BETWEEN ONSET AND DEATH			
IMP	Also ne	LEADING TO DEATH (This does not mean the made of dying, e.g., DUE-TO	dio-Respirato Fally			
~	20. 5	sing my ocardeaf la faceton				
CTO	min min fra ho egu	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the CONDITION test.				
ш	7 4 7 =					
DIR	dical dical irns; (sicial was i	131	INDURES			
		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
Z	by a med by a med 2) Body bu re the phy physician fore the re	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
J.	by the pital by re; (2) where No ph	OR CONTRIBUTING CAUSE OF DEATH (notity medical examiner) 21A. ACCIDENT WAS UNDERLYING home, local loc	or obout 21 C. WHERE DID (II in Boltimore City, give exact lacotion) ce bldg., INJURY OCCUR?			
:	nosp atur pt w (6)	OF INJURY (APPROX.) ON TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) ON (Hour) OF INJURY (APPROX.) ON (Hour) OF INJURY OCCURRED While At Work At Work	21F. HOW DID INJURY OCCUR?			
	the any (ex	22. I certify that (I) (this haspital) attended the deceased from that (I) (we) last saw the deceased alive an 2	/ -			
		and haur and from the causes stated above. (1) (We) (Jid) (did nat) vi	and that in(my) (and apinian death accurred an the date			
	leased to ident of hospital o death) I must bo	23A. SIGNATURE	23B, DATE SIGNED			
	a ho	Cullant Competer. Attention Phys.	Director Phys.			
	certificate m sody was relost. 13. (1) An acci D.O.A. at a b ased prior to	23C. PHYSICIAN'S NAME (Type) WILLIAM ADDLE FELD M.D.S	50, ADDRESS Park Heights Dr.			
	A O O	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREM				
	This certif the body shows: (1) was D.O./ deceased written a	Burial 1-30-67 Mt. Auburn 25A. DATE REC'D BY HEALTH DEPTH 25B. NAME OF REGISTRAR	Battimore, Maryland 25C. FUNERAL DIRECTOR ADDRESS			
i	€ † \$ \$ † \$	VS 150-REV. 1/1/65 JAN 27 1967 100 6 2 Falleyna	Charges R. Law, 802 Madison Ave.			



0005	BALTIMORE CIT	Y HEALTH DEPARTMENT		0005
BIRTH NO. 67 0895	CERTIFICA	TE OF DEATH	Registered No.	67 0895
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) STILLIA MIRS	ia	2. DATE AN	D HOUR/OF DEATH	940-A N
3. PLACE OF DEATH IN BALLMORE, MARYLAN	ID	4. USUAL RESIDENCE (When	re deceased lived. If in	nstitution: residence before admission)
FULL NAME OF (If not in hospital or inst HOSPITAL OR oddress or location)	titution, give street	Mac B	alto cex	3
5 Church Home	V Haya Ital	C. CITY OR TOWN (If out	Iside city limits, with	RURAL and give town(ship)
3 cuires Henx	Morgana	D. STREET ADDRESS (If	rurol, give location)	
5. SEX	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
FW	IDOWED, DIVORCED (specify)	9-9-00	lost birthdoy)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. K done during most of working life, even if retired) 5 EAMS & ESS	(IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME		14. MOTHERS MAIDEN NA	ME / /	
VOM GANG		LUCIA XUI	CCHELV	991
15. Was Deceased Ever in (U. S. Armed forces? (Yes, no or unknown) lift yes, sive wor of soles of s	ervice) 16. SOCIAL SECURITY NO.	17. INFORMANT (ADDRESS
18.239X I		OF DEATH	1 00	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1	umer. Thyro	ust (B) us	ISLA /
(This does not meon the mode of dying heart failure, asthenia, etc. It means the d		1 +	1 Adell	
injury or complication which coused death	(B)	Hepalomegai	4, 5 ples	phegaly
DISEASES OR CONDITIONS, II ony,	OUE TO	nt. lite	TP' h	no touch
rise to the obove couse (A) statin		Usuo yue	e one	DUNCE O
			+/1	1 1
OTHER SIGNIFICANT CONDITIONS CONTR	TO THE W	er lett To	noted Gl	and.
DISEASE OR CONDITION CAUSING IT.	N FOR WHICH OPERATION	20 A. AUTOPSYP (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED
19A-DATE OF OPERATION 198. CONDITION WAS PERFORME		- 00	(90	
U 21%. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical asseminal)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	(If in Betimor	e City, give exact location)
21 D. TIME (Month) (Day) (Year) (Hou		21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Not Whi			
22. 1 certify that (I) (this haspital) atte	1011		19 66 ta 1	- 26-67 1967
that (I) (we) last sow the deceased ali			ot in (my) (our) op	inion deoth occurred on the dote
ond hour and from the couses stated at	7	view the bady offer death.		23 B. DATE SIGNED
Kodelio 4	n. Dun M.D. At	dending Med. Oirector	Stoff Phys.	1-26-67
23C. PHYSICIAN'S NAME (Type) Pode (à M. LIM M.D.	230. ADDRESS	Hame + 6	fare.
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C NAME OF CEMETERY OF CE	REMATORY 24D. LO	OCATION (C	ity, pwn, or county) (Stote)
Burial 1/28/67	Holy Redee	mer L	Salte, m	sugland
1001 0 0 0	AME OF REGISTRAR	250 FUNERAL DIRECTOR	3	ADDRESS
JAN 27 1967 (1)	112 more than the	yoseph n. ?	arren :	163 Stonkling SY

NA THERE SA Stanzah Herris r Hergertall 78 5 BREEFE SK Loddes M. An-Rodelco M. Line Church Hans + Hory

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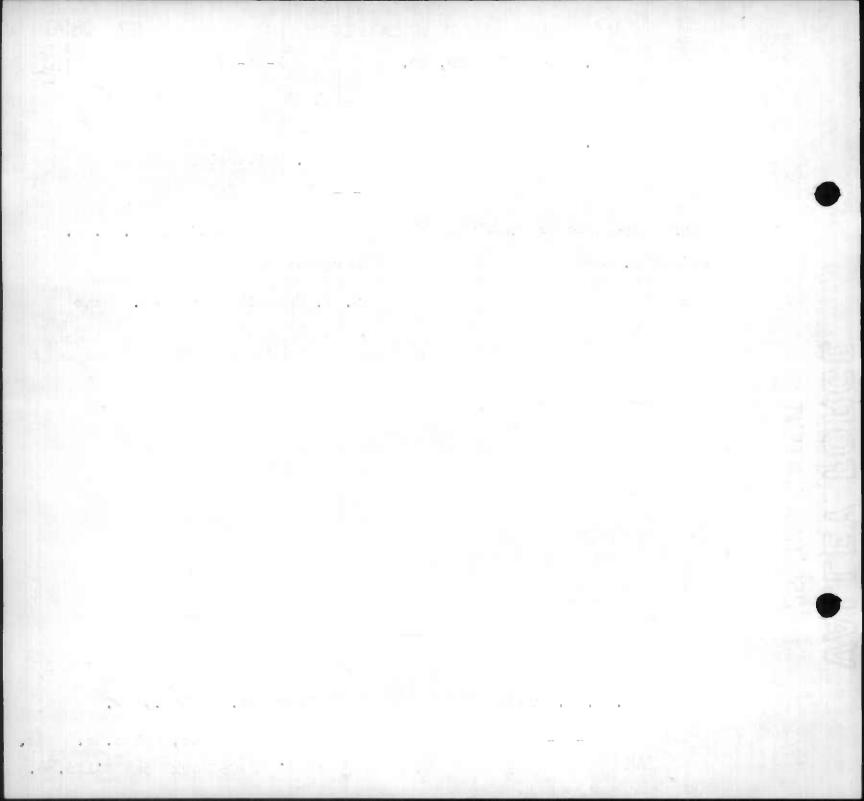
of death Deceased

death.

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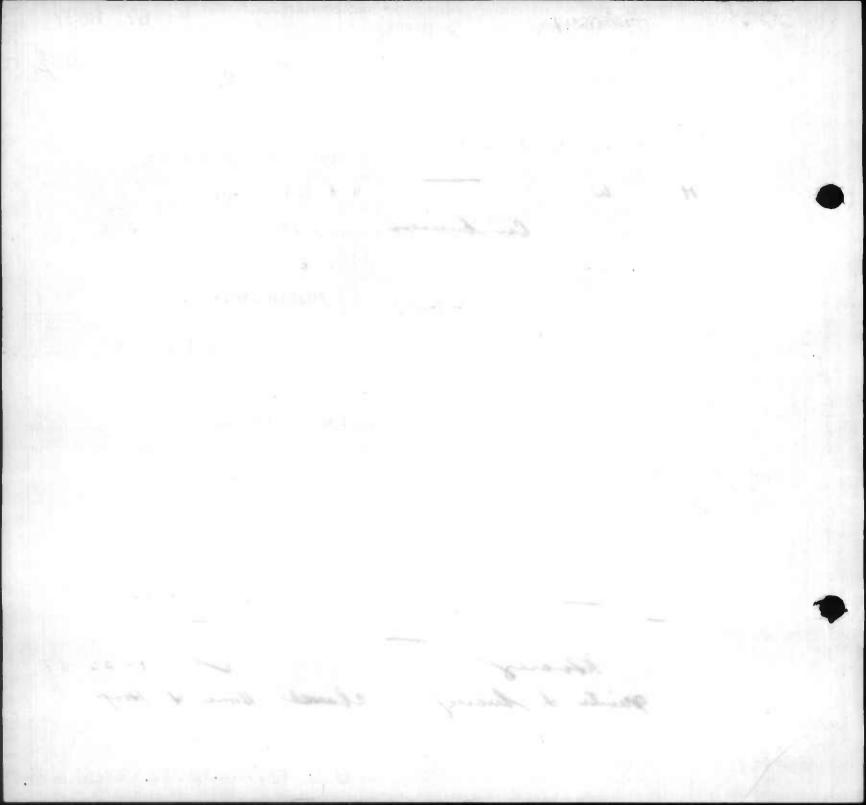
ance

1-28-67 Druid Ridge Cemetery Balto.Co. Henry VS 150-REV. 1/1/65



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

		BALTIMORE CITY	HEALTH DEPARTMENT	1	67 0897		
1	th No. $67 - 0897$	CERTIFICA	TE OF DEATH	Registered Na	07 0007		
	E CASE NO.			D HOUR OF DEATH			
	ernand RICHARD PE	TTY	January 26 1967 12:10 M				
	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e decessed lived. If ins	sitution: residence before admission)		
	FULL NAME OF (If not in hospital or institut	ion, give street	MD.		Balte		
	MOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If out		URAL ond give township)		
	CHURCH HOME	HACO	BALTIMO D. STREET ADDRESS (IF		35.00		
5	CHORCH MOME	3 11044.	0	DDLE SEX	RD.		
5.		HED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,		
	USUAL OCCUPATION (Give kind of work 108. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?		
	Tank (an Inspection Lis	con Tank (ar (o	Alexandrid, A.		AMR.		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM				
	Edward W. Petty		Mary Walk	er			
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	No No	212-01-0193	etturch	HOME +H	osp.		
	18. 260X	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		O-cute M. I	. possible	Few days		
	(This does not mean the mode of dying, heart failure, astherio, etc. It means the dise	e.g., DUE TO		. ~~ a a a ~ a a v ~ a a a a * a a a a a a a a a a a a a a a a a			
	injuly of complication which coused death.)		Caronam 2	os. Mais one			
	ANTECEDENT CAUSES	(B)	<u>C8101(001)</u>	13 m / Jr mon			
	DISEASES OR CONDITIONS, if ony, give	ving	Coronam Ju Diabets M	nellili	17		
	lise to the obove couse (A) stoting UNDERLYING CONDITION lost.	lhe (C)	0100000	1000103			
	11				-		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO						
	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.						
ERTIFIC	19A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?		
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact tocohon)		
EDI	21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?			
ž	(APPROX)	While At Not While Work At Work	e 🗌				
	22. I certify that (I) (this hospital) attended	ed the deceosed fram	1.18.	1967 to 1	. 26 1967		
	that (I) (we) lost saw the deceased alive	on 1. 2.6					
1	and haur and fram the causes stated obav			-			
	23A. SIGNATURE				23 B. DATE SIGNED		
	Whene	M.D. Atte	ending Med.	Stoff Phys /	1-26-67		
	23C. PHYSICIAN'S		s. Director 23D. ADDRESS	Phy s.			
	NAME (Type)	Lucy M.D.	Church	Home of	Horp		
24/	A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CRI		OCATION (Cit	y, town, or county) (State)		
	Burial 1/30/167	Bethel Cemeter	y, Alexandria. 25C. FUNERAL DIRECTOR	Virginia			
25/	A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAK			ADDRESS		
	JAN 27 1967 R.C.	DE, Jane	John A. Mora	n, Inc. 3000	E. Baltimono SI		
VS	150-REV. 1/1/65				O		



BRTH NO.

BALTIMORE CITY	HEALTH DEPARTMENT		67	0898
CERTIFICA	TE OF DEATH	Registered Na	() (0000
	2. DATE AN	ID HOUR OF DEATH		
HELL		5-67		11 P M.
, give street	A. USUAL RESIDENCE (Whe A. STATE B. COUN MD. C. CITY OR TOWN (If our BALTIMOR E) D. STREET ADDRESS (If	tside city limits, write RU		
SPITAL	4418 WICK		A.D	
D, NEVER MARRIED ED, DIVORCED (specify) ARRY ED	B. DATE OF BIRTH	9. AGE (In years last birthday)		If Under 24 Hrs. Hours Min,
NKING OSAN FEDERAL	11. BIRTHPLACE (State or foreign 17)		12. CITIZEN C	OUNTRY?
66	14. MOTHER'S MAIDEN NA	e shall	ENBER	GER.
16. SOCIAL SECURITY NO. 218-12-6515	17. INFORMANT HASPITAL MRS. KA	THLEEN	D 441	ROAD
CAUSE OI	F DEATH			ET AND DEATH
(A) CAOL. DUE TO	ANGIOCARCII	UOMA	36 m	205
(B)	***************************************			
e (C)				
N.O.				

es, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO. 18-12-6515	MASPITAL MASSIKA	THLEEN	THEIL BINTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A) CHOLA	NG10 CARCIA	JOM-A	3's months
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	508 10			
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, giving				
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)			
19A. DATE OF OPERATION 19B. CONDITION FOR W		20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. F OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	LACE OF INJURY (e.g., in or form, foctory, street, office	obout 21C. WHERE DID bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E.	NJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.) While	At Work			
22. I certify that (1) (this haspital) attended the	deceased from /	-/6 1	9 67 to 1	- 25 19 6
that (we) last saw the deceased alive an			et in (my) (aur) apin	ian death accurred an the
23A-SIGNATURE				23B. DATE SIGNED
Jardiel J. Fardner	M.D. Attendin	g Med.	Staft X	1-25-67

Phys. 23D. ADDRESS HOSP THE UNION MEMORIAL GARDNER 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION 6

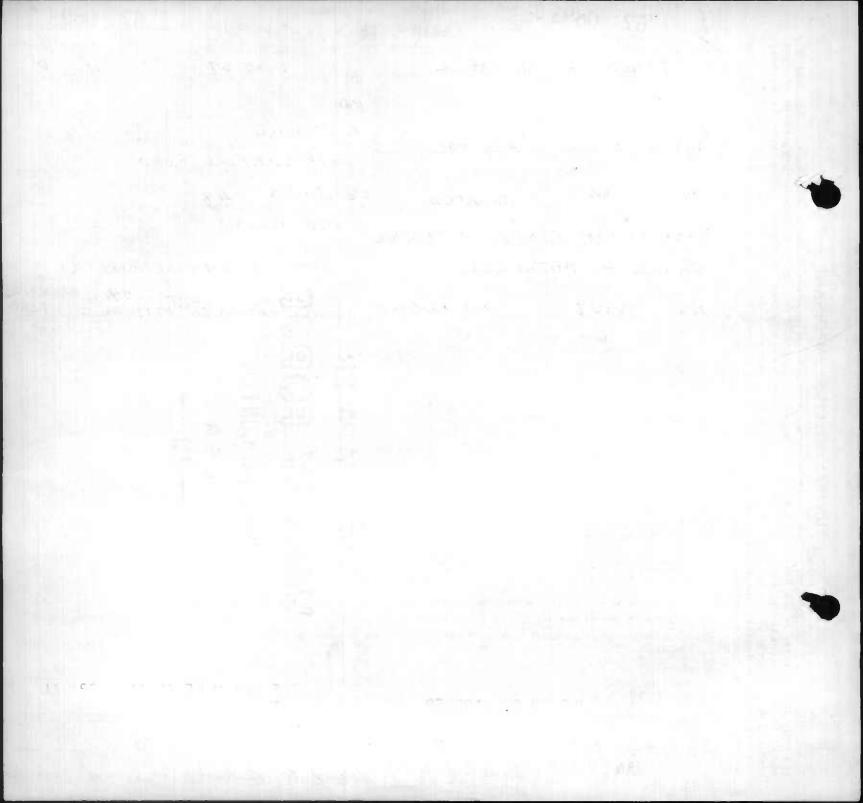
REC'D BY HEALTH DEPT.

25C. FUNERAL DIRECTOR

ADDRESS

VS 150-REV, 1/1/65

25A. DATE



VS 151-REV. 1/1/65

			~			
NAME OF DEC		NALD L.	SABUTIS SABUTAS*		January 25, 196	
ULL NAME OF	IMORE, MARYLAND, W	HERE PRONOU.	HON, GIVE STREET	A. STATE Ma	DENCE (Where deceosed lived, If ins B. COI aryland WN (If outside carparate limits,) with	stitution: residence before admission) UNTY
STITUTION	ADDRESS ON LOC.	HOW)	2-20-67	Ва	altimore /	2 3
Mary1	and General H	lospital	(DOA)	26	RESS (If rural, give lacation) (507 N. Calvert Stre	eet
Male	6. RACE White	WIDO WED, D	NEVER MARRIED DIVORCED (specify) Married	Aug. 14,		If Under 1 Yr. If Under 24 Hrs. Manths, Doys Hours Min.
A. USUAL OCCU			BUSINESS OR INDUSTRY		(State or foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
FATHER'S NAM	E			14. MOTHER'S MA	9	U.S.A.
Leo J.	Sabutis			Geor	gia A e sbun	
	D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		1721 N. Calvert S
No	it yes, give wor or dote		216-36-3304	Mrs. Geo	rgia V. Mattingly,	Baltimore, Maryla
OTHER SIGN	E ABOVE CAUSE (A) ST IG CONDITION LAST. II VIFICANT CONDITIONS	CONTRIBUTIN	(C)			
DISEASE OR	DEATH BUT NOT RELEASED	3 1T.	1-0000000000000000000000000000000000000	000000000000000000000000000000000000000		
	WAS PERI	FORMED	WHICH OPERATION	Yes		JSES OF DEATH?
21 A. EXTERNAL UNDERLYING UTING □ CAUS	OR CONTRIB-	21B. P hame, etc.)	form, factory, street, a	affice bldg., INJURY		ive exoct location)
21 D TIME	(Manth) (Day) (Year	r) (Haur) 21	Street	21 F. HC	23 St. & Hunter ow bid injury occur?	
OF INJURY (APPROX.)					ot by police offic	ers
	ify that I held an I				d that an this basis, death in	
result	ted from: Natural cau	ises A	ccident Suicide			ier
ACTUAL		3 J.	In zel M.D.		EDICAL EXAMINER X	DATE SIGNED
EXAMINI NAME (T	ER'S Charles	S. Spri	ngate, M.D.	ASSOCIATE M	AEDICAL EXAMINER Jar	nuary 26,1967
A. BURIAL CREA	MATION, 23B. DATE		C. NAME of CEMETERY o			y, tawn, ar caunty) (Stote)
		1007	T I D I		D = 1 to 2	Man-1 1
Burial	Jan. 28,	, 1967	Loudon Park (Cemetery	Baltimore, M	Maryland

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THE WORLD STREET, ROOMS IN THE LINE

BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED JOHN E. DEBERRY 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) **EDWARD** DEE BERRY January 22, 1967 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Mary land (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) St. Agnes Hospital 327 Gwynn Avenue B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. WIDOWED, DIVORCED (specily) UNKNOWN Male Negro 68 IDA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) ZIONOLSTERER S.A. 3. FATHER'S NAME 4. MOTHER'S MAIDEN NAME GASTON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 6. SO CIAL (Yes, no or unknown), (If yes, give wor or dates of service) SECURITY NO. 18. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic Cardiovascular Disease. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERT 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., NJURY OCCUR? 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Month) (Doy) (Hour) OF INJURY

m. WHILE AT

22.

I certify that I held an Inquiry Inspection X Autopsy and that an this basis, death in my apinion resulted from: Natural causes X Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE 1/23/67 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Charles S. Petty NAME (Type) 23A, BURIAL CREMATION, 23C. NAME OF CEMETERY OF CREMATORY 23 D. LOCATION (City, town, or county) (State) REMOVAL (Specify) alvary Comelan 24C. FUNERAL DIRECTOR ADDRESS VS 151-REV. 1/1/65

NOT WHILE

大大 TREE OF THE MILES White and the States Depend St. Marke de Tront The health al managed witters Belleville 1-28-67 Met Commer Comment Star Comment

VS 150-REV. 1/1/65

				BALTIMORE CITY	HEALTH DEPARTMEN	IT			- A
Ш	TH NO.	67 09	01	CERTIFICA	TE OF DEAT	H Registe	ered Na	-67	0901
1.1	E CASE NO.	CEASED			2. DAT	E AND HOUR O	F DEATH		
	pe or Print)	Katz,	Isidore	NMN	4	40 Am	Jan 21	6. 196	7 M.
3.	PLACE OF DE	ATH IN BALTIMORE,	MARYLAND		4. USUAL RESIDENCE A. STATE B. C	(Where decleosed	lived. If institu	tion: residence	before admission)
	FULL NAME		pitol or institution	, give street	Md				
	HOSPITAL OR INSTITUTION	oddress or lo	colion)		0 1.	(If outside city lim	its, write RURA	AL ond give toy	wnship)
1	The 11	lnion Me	100.10	Hospital	D. STREET ADDRESS	(If rurol, give to	cotion)	40-	2/
	The U	inton the	MOLINI	Mospi ele.	11 11 700	lewbern	Λ	Baltil	Mire 21215
5.	SEX	6. RACE White		D, NEVER MARRIED ED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In)	reors If	Under 1 Yr.	If Under 24 Hrs. Hours Min.
		UPATION (Give kind of working lite, even if reting		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o	r foreign country)	117	2. CITIZEN OF	NTRY?
	15-	17ED	Shor	MAKER	Kussia			Amer	
13.	FATHER'S NA				14. MOTHER'S MAIDEN	NAME			1000
	Idnk	2mwn			Unkno	wn			
		d Ever in U. S. Armed		1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRES	35
				213-26-3516	Harold	Kat z	3223	Southare	een Rd Bat
	18.42	01/1		CAUSE O	F DEATH	0		INTERVA	L BETWEEN
	DISEA	SE OR CONDITION		Az	otheria.			ONSELA	AND DEATH
	(This does	not meen the mode		(A) 0		8 PPP 8 11 0 11 11 10 11 11 11 11 11 11 11 11 1			
	heart failure,	osthenio, etc. It me	eons the diseos	в.	1 1 0 1	4			
		ANTECEDENT CAL	JSES	(B) My	cardial Inte	arch m.			
	DISEASES	OR CONDITIONS,	if ony, giv i n	g DUE 10 3					
		e obove couse G CONDITION lost		e (C)		***************************************) 0 mmmmm = 0 mm = 0 to 0 to 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		- 11							
ATION	OTHER SIGN	IFICANT CONDITION	S CONTRIBUTII	NG					
Y	DISEASE OR	CONDITION CAUSII	NG IT.						
ERTIFIC	IVA. DATE O		PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes		ES, WERE FIND FYING CAUSES	OINGS CONSID S OF DEATH?	ERED
0	21 A. ACCIDE	NT WAS UNDERLYIN	1G 21	B. PLACE OF INJURY (e.g., i			n Boltimore Cit	ty, give exoct lo	ocotion)
CAL		y medicol exominer)		c.)					
EDI	OF INJURY	(Month) (Doy) (Y		E. INJURY OCCURRED	21F. HOW DIE	INJURY OCCU	R?		Þ
2	(APPROX.)		W	/hile At Not Whil /ork At Work					
	22. I certify	that (1) (this hos	oital) attended	the deceased from	an II	1967 10	Jan	.26	1967.
	that (I) (we) last saw the dec	eased alive an	4.40 pm. Jan	26 19 67 or	nd that in (my)	(aur) apinlar	n death accur	red on the date
	and hour an	d from the causes	stated above.	(I) (We) (did) (did nat)	view the body after de	ath.			
	23A. SIGNATI		1-00		F. 44.1		23 F	B. DATE SIGNE	D
	JUM	y won	juong	Phy		Stoff Phy s.	J	an 26.	1967
	PHYSICIA NAME (Type)			23D. ADDRESS				
			WON SON			N MEMOR		SPITAL	
24	REMOVAL	(Specify)	240.1	Posedul	EMATORY 24	D. LOCATION	(City, to	own, or county)	
25	A. DATE RECE	MANUAL THE THE	ARSB_NAME	QF) REGISTRAR	25C FUNERAL DIRE	CIOR	1 .4	ADD	
		AN 30 1967	02.23	E GO WOME		sein o fo	n, d	eruson,	mel.

Total Bank Water Baltimere. The Union Hemmen Harpital 4413 Newbern Ave Baltman 211 12 80-50-69 stillu Russia American noundably - North And Land Hardle Kety 322 Suffgreen Political Azothemin pertruital hadrangett OM 61 Jan 26 440 pm Jan 26 67 pung whom shorts

FUNERAL DIRECTOR: IMPORTANT

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VS 150-REV. 1/1/65

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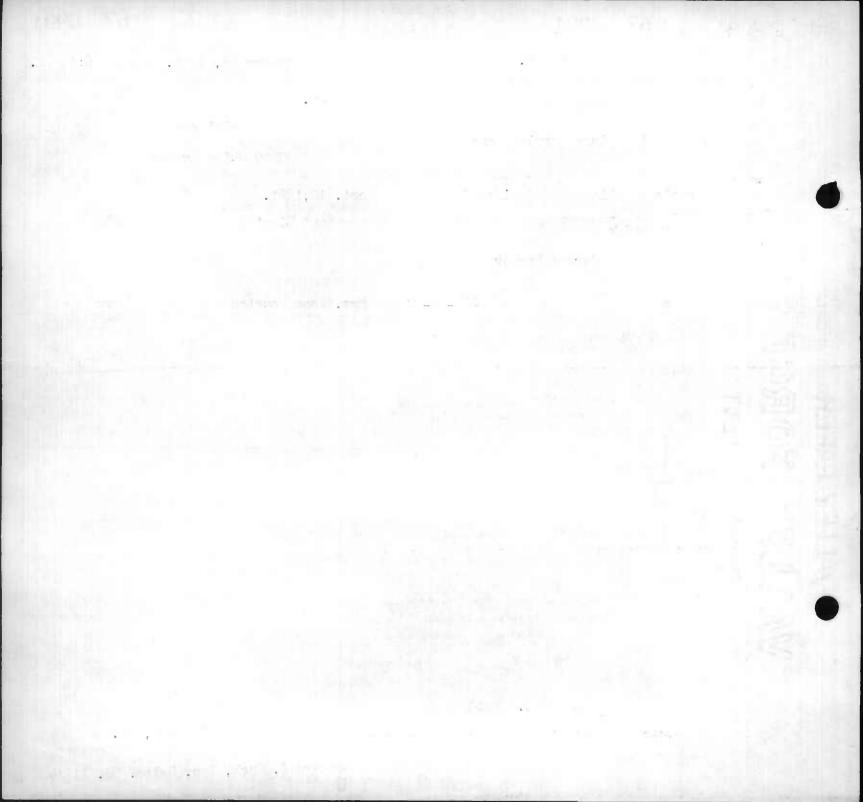
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VS 150-REV. 1/1/65

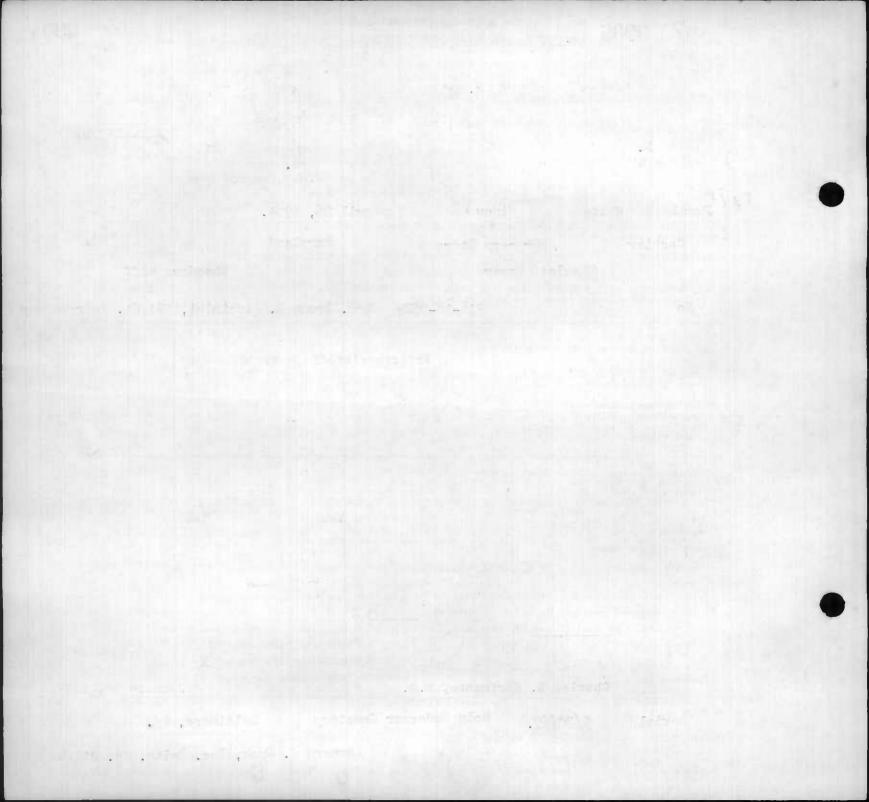
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	BALTIMORE CITY	HEALTH DEPARTMENT	CM 000 .
ыкти но. 67 0904	CERTIFICA	TE OF DEATH Registered No.	67 0904
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) MARY E. G	RAY	January 26, 1967.	6:15 A.M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. If in A. STATE B. COUNTY	stitution: residence before admission)
FULL NAME OF (If not in hospital or institution HOSPITAL OR oddress or location) INSTITUTION	n, give street	Md. C. CITY OR TOWN (If outside city limits, write F	URAL ond give township)
/) Pine Ridge Nursing H	lome	D. STREET ADDRESS (If rurol, give locotion)	27-44
		3009 White Aven	ue
WLDOW	D, NEVER MARRIED (ED, DIVORCED (specify)	Sept. 10,1881. 9. AGE (in years lost birthdoy) 85	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND done during most of working life, even if retired) Housewife	OF BUSINESS OR INDUSTRY	West Virginia	12. CITIZEN OF WHAT SQUNTRY?
13. FATHERS NAME Jerome Barker	•	14. MOTHER'S MAIDEN NAME Sara	?
 15. Was Deceased Ever in U. S. Armed Forces? Yes,no or unknown Uf yes, give wor or doles of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	215-05-0883D	Mrs. Anna Houston	(Same)
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e., heart failure, osthenia, etc. It means the diseas injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.	(B)	ASCVO	yens
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE	120 A ALLED SWALVE AND AND AS AS WEEK WEEK	CANCINCS CONCINES
194. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	R WHICH OPERATION	20 A. AUTOPSY? (Yes of No) 20 B. IF YES, WERE IN CERTIFYING CAL	USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	1B. PLACE OF INJURY (e.g., i ome, form, foctory, street, o	n or obout 21 C. WHERE DID (If in Boltimore bldg., INJURY OCCUR?	City, give exect location)
OF INJURY	Not While At Not While At Work		
22. 1 certify that (1) (this hospital) attended that (1) we) last sow the deceased alive at	1/2/	19 6 ond that in (my) (our) opin	June 26 19 6 7
and hour and from the causes stated above. 23A. SIGNATURE Be	els M.D. Atte	ending Med. Stoff Phys. Director	23B. DATE SIGNED /67
23c. PHYSICIAM'S NAME (Type) George H. B	eck M.D.	23D. ADDRESS 60/2 Harford Pol Bacto mes ?	1214
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY of CR Parkwood Cemete	70.711	ty, town, for county) (Stote)
	e of REGISTRAR	Leonard J. Ruck, Inc. Ba	ADDRESS



67	0005		BALTIMORE CITY IT	EALIN DEPARTMENT		
01	COCO	MEDICAL	EV A MAINIED'C	CERTIFICATE	OF DEAT	TH necessaria
NO.		MEDICAL	EVAMILLEK 2	CERTIFICATE	OF DEA	M Kegistered P

M.E. CASE	NO.								
1. NAME O	F DECEASED			2. DATE AND HOUR PRONOUNCED DEAD					
11.700 01 1111	2000	LENA	M. MAYER	January 25, 1967 8:15 P.M.					
3. PLACE IN	BALTIMORE, MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESI	DENCE (Where	deceosed lived. If ins	titution: resi	dence bafare adn	nission)
FULL NAME	OF (IF NOT IN HOSPIT OR ADDRESS OR LOC	TAL OR INSTITU	UTION, GIVE STREET		Marylan			nd give township	,)
INSTITUTION	N.				D - 1 6 *	21205	7.	-00	
8	24 Lakewood Ave	nue		D. STREET ADI	Baltimo	re 21205		-a	
						ewood Avenue			
5. SEX	6. RACE	7. MARRIED.	NEVER MARRIED	8. DATE OF BIR		9. AGE (In years		1 Yr. If Under	24 Hrs.
Female White Widow			April 26	5, 1901.	last birthday) 65	Manths	Doys Hours	Min.	
	OCCUPATION (Give kind of wo		F BUSINESS OR INDUSTR	11. BIRTHPLACE	(Stote or foreign	gn country)	12. CITIZ	EN OF	
Ca	ost of working life, even if retired) AShier	Grocer	y Store	Ma	aryland			T COHNIEY?	
13. FATHER'S				14. MOTHER'S	MAIDEN NAM				
	Charle	es Maye	r			Theodor	a Ruff		
	CEASED EVER IN U.S. ARME		16. SO CIAL	17. INFORMANT			ADDRESS	S	
No.	known) (If yes, give wor ar dat	les at service)	218-18-0529	Mrs. I	rene D.	Piccinini,1	221 St	. Andrew	s Way
18,	420.0		CAUSE	OF DEATH				INTERVAL BETY	
	DISEASE OR CONDITION D	IDECTI V						ONSET AND D	EATH
	LEADING TO DEAT	Н	(A) Arter	iosclerot	ic hear	t disease			
(This heart injury	does nat mean the made o foilure, asthenia, etc. It meon ar complication which caused	of dying, e.g., is the disease, death.)	DUE TO			· · · · · · · · · · · · · · · · · · ·		******************	
	ANTECEDENT - CAUSE								
DISEA	ANTECEDENT CAUSI		(8)	***************************************					
RISE 1	O THE ABOVE CAUSE (A)	STATING THE	DOE 10						
	ERLYING CONDITION LAST.		(C)	.~~	***************************************			-	
9	- 1								
S to	R SIGNIFICANT CONDITIONS THE DEATH BUT NOT RI ASE OR CONDITION CAUSIN	ELATED TO T							0000000000
19A. DA			WHICH OPERATION	20A. AUTOPS	Y? (Yes or No)	20B. IF YES, WERE FI	NDINGS C	ONSIDERED	
	WAS PE	RFORMED		Yes		IN CERTIFYING CAU	SES OF DE	ATH?	
O UNDERL'	TERNAL CAUSE WAS YING OR CONTRIB- CAUSE OF DEATH.	218. home etc.)	PLACE OF INJURY (e.g., form, foctory, street,	in or obout 21C. office bldg., INJU	WHERE DID RY OCCUR?	(If in Baltimore City, g	ive exact la	acotion)	
OF INJU	RY		TE. INJURY OCCURRED WHILE AT NOT AT W	WHILE	OM DID INTI	JRY OCCUR?			
22.	I certify that I held an	Inquiry		[]	nd that an th	is basis, death in r	my apinia	n	
	resulted fram: Natural co	uses X A	Accident Suicid			Undetermined mann			
	00						•••		
	TUAL Charles	e J.	my M.O	ASSISTANT		CAMINER X		DATE SIGN	ED
	AMINER'S ME (Type) Charles		ingate, M.D.	ASSOCIATE	MEDICAL E		nuary	26, 1967	7
REMOVAL	cremation, 238 Date Specify) 1/30		Holy Redeemen			Baltimore,	Md.	county) (St	ote)
24A. DATE	REC'D BY HEALTH DEPT.	24B. NAME	OF REGISTRAR		RAL DIRECTOR			ADDRESS	
	JAN 30 1957	O. P B	2, Farleyna	Leona	rd J. Ru	ick, Inc. Ba	lto. 1	Md. 21214	+
VS 151-REV	. 1/1/65	1 7	6 / 0 4	0	7 0	5			



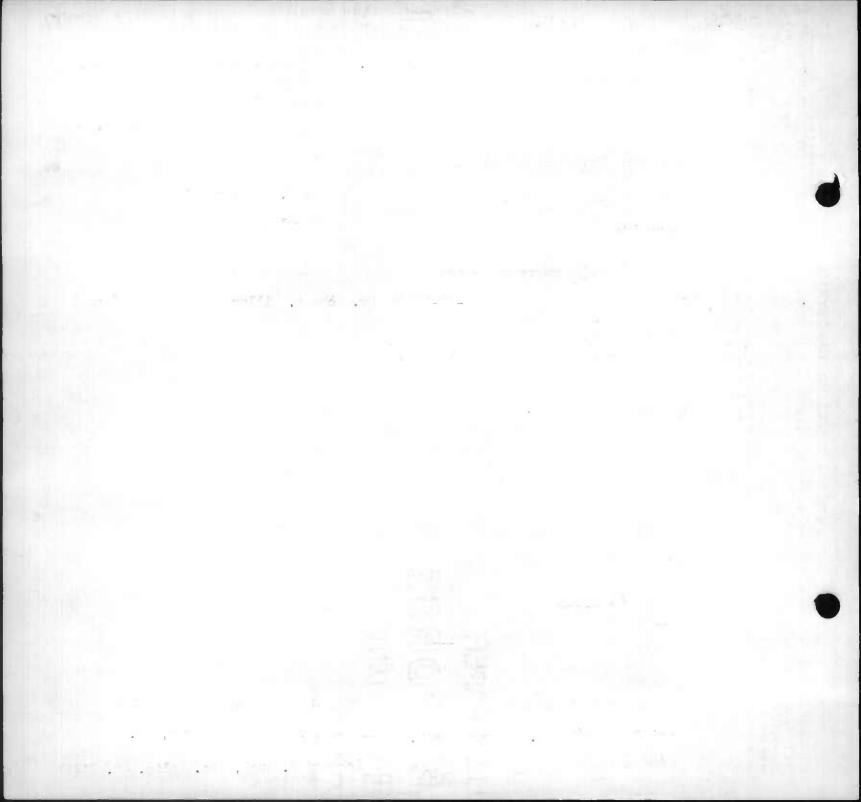
4	-	5	gen.	d	3	
	death occurred in a hospital and t or contributing cause of death	Undetermined cause; (5) Deceased	as in regular attendance on the	e deceased prior to death. Such	ssition is made.	
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🦱	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
	This ce	shows:	was D.	deceas	writter	

THE NO. 1996 CERTIFICATE OF DEATH Registered No. 67 1996 CERTIFICATE OF DEATH Registered No. 67 1996 LARACE OF DEATH IN BALTMORE MARKAND FULL NAME OF CORP. F		CPY OOG	20	BALTIMORE CITY	HEALTH DEPARTMENT		0000
LINAME OF DECENTED A THE A NE		in No.)5	CERTIFICA	TE OF DEATH	Registered No.	67 119116
S. TRACE OF DEATH IN BASINGORE MARTICADO PULL NAME OF COUNTY OF CONTROL OF STATE OF COUNTY OF C	1. N	AME OF DECEASED	hard	LANE	2. DATE AN	1 0	967 11:1150
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Second Part		The Union Theme	rad H	ospio	D. STREET ADDRESS	//	77-06
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dose drugs noted working life, even if relived) Plumber A. MOTHEES MARIGIN NAME A. MOTHEES MARIGIN NAME	S. 5	14 0				9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
S. FATHER'S NAME 14. MOTHER'S MARGEN NAME 14. MOTHER'S MARGEN NAME 15. MOTHER'S MARGEN NAME 15. MOTHER'S MARGEN NAME 16. MOTHER'S MARGEN NAME 17. INFORMANT ADDRESS 17. INFORMANT INFORM			108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	
15. Web Deceased Ever in U. S. Amod Finest? 15. SOCIAL SECULITY NO. 17. INFORMANT 17.	R	etires	Plumbe	r	morgon	no	08W
Test, not or who even of the service 129 07 8785 Mrs. Ethel Graham Same 18. 19	13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAM	ME	
Test, not or who even of the service 129 07 8785 Mrs. Ethel Graham Same 18. 19	11	John Lone			Alice H	unter	
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OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 210. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED (APPROX.) 22. 1 certify that (Withis hospital) attended the deceased from At Work (APPROX.) 22. 1 certify that (Withis hospital) attended the deceased from At Work (Month) (We) last saw the deceased alive an Country (Medical and the causes stated above. (I) (We) (did) (did not) view the body ofter deoth. 233. SIGNATURE Attending Med. Phys. Stoff Phys. Director Phys. Director Phys. Director Phys. Director Phys. Director Phys. Director M.D. Phys. Director M.D. Phys. Director M.D. Stoff Director M.D. Stoff Director M.D. Stoff Phys. Director M.D. Stoff Director M.D. Stoff Director M.D. Removal (Store) Removal (Store) Phys. Director M.D. Removal (Store) Removal		19A. DATE OF OPERATION 19B. CON	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No		NDINGS CONSIDERED SES OF DEATH?
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Phys. Director Phys.			1	(iii o) (ala lioi) v	Tew The body offer deoffi.		23B, DATE SIGNED
24A. BURIAL CREMATION, PERMOVAL (Specify) 1/28/67 Woodlawn Cem. 23D. ADDRESS M.D. 23D. ADDRESS M.D. 24D. LOCATION (City, town, or county) (Stote) Woodlawn Cem. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS JAN 30 1967 Permoval (Specify) 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS JAN 30 1967 Permoval (J. Ruck Inc. Balto. Md.		Post Hone	lon	M.D. After	ending Med.	Stoff Phys	2-1 20n 67
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	VS	150-REV. 1/1/65	A COUNTY	- Creation From	Ol Cousta . K	uck Inc. Ba	Ito. Md.

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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	M E	A.C	d pe	ann
	Cer	bod WS:	D.C	903	Han
	This	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	Was	dec	WF

1	2.45	BALTIMORE CITY	Y HEALTH DEPARTMENT		CM 000-	
8	RTH No. 67 0907	CERTIFICA	TE OF DEATH	Registered Na	67 0907	
1	A.E. CASE NO. NAME OF DECEASED Type of Print)	p 200-111		D HOUR OF DEATH		
	PLACE OF DEATH IN BALTIMORE MARYLA	R, BERTHA		6/67	12:15 P M	
3.	PLACE OF DEATH IN BALTIMORE, MARTE	AND I	A. STATE B. COUNT	ΓY	titution: residence before admission)	
	FULL NAME OF (If not in hospital or in HOSPITAL OR oddress or location)	stitution, give street	Maryland			
	INSTITUTION		C. CITY OR TOWN (IF ours		URAL ond give township)	
1	3			urol, give location)	4001	
	The Johns Hopkins	Hospital	5338 Wri	ght Avenue	e	
		MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married		ost birthdoyl 282 83	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
	OA. USUAL OCCUPATION (Give kind of work 108 one during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. SIRTHPLACE (Stote or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?	
	Housewife		Maryland		USA	
Ī	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E		
	Joseph Mih	Riox McMann	Julia Pr	ice		
1.0	Was Deserved Front II S Amed Forest	16. SOCIAL	17. INFORMANT		ADDRESS	
	(es, no or unknown) (If yes, give wor or dotes of	SECURITY NO 212-07-5866B	Mr. John L. Mil.	ler	(Same)	
	18. 4 20.11	CAUSE	DF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECT		10,000,001,01	1155 400 0		
ľ	LEADING TO DEATH (This does not mean the made of dy)	ng. e.g (A)	440CARDIAL	INFARCI	1-3 WR	
	heart failure, asthenia, etc. It means the injury or camplication which caused dec	disease,				
	ANTECEDENT CAUSES			***************************************		
	DISEASES OR CONDITIONS, if any					
	rise to the above cause (A) sta	****				
	OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING				
	TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE				
	19A. DATE OF OPERATION 19B. CONDITI	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED	
	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	NO	No	City, give exact location)	
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	office bldg., INJURY OCCUR?	tir in continore	City, give exoct locotion	
		lour) 21E, INJURY OCCURRED	21F. HOW DID INJU	Inv Occiler		
	OF INJURY (APPROX.)	White At Not Whi	le 🗂	JAT OCCUR:	4	
		Work At Work		17	124 117	
	22. I certify that (I) (this hospital) at	1/20	. / . /	967 10 11	28 19.67	
	that (1) (we) last saw the deceased a		/	it in (my) (aur) apîin	ian death accurred an the date	
	and haur and fram the dauses stated abave. (1) (We) (did) (did nat) view the bady after death.					
	23A. SIGNATURE	tending Med.	Stoff C	23B. DATE SIGNED		
	Phys. Director Phys. (146					
	NAME (Type)	1	23D. ADDRESS			
2	Sherrard Haye	24C. NAME OF CEMETERY OF CR	THE COMES I			
	REMOVAL (Specify) 1/30/67.			Sparks,	y, town, or county) (State)	
15	-12-1-14	Jessops Meth. Ch	25C. FUNERAL DIRECTOR	- per 110	ADDRESS	
	SA. DATE REPANY 3 OL 1967 OF C	W. E. Janey MA	Leonard J. Rug	ek, Inc. Bal		
I	S 150-REV. 1/1/65	9 4 7 9 0	0 9 0			



Curanis Heads FrankE Hores senser Considerational 1/25/17 e for fir son Houses man the house Sameling a hospital and

0	BIRTH NO. 67 0909 CERTIFICA	HEALTH DEPARTMENT TE OF DEATH Registered No.	67 0909
	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) Francis Lyons	2. DATE AND HOUR OF DEATH	11:00 a. M
disposition is made.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street oddress or tocotion) BOLTON HILL NURSING HOME LAFAYETTENESCHUSST.	A. STATE 8. COUNTY M.J. C. CITY OR TOWN (If outside city limits, write RU BALTO, D. STREET ADDRESS (If rurol, give location) 2010 HOME WOOD AU	IRAL and give township)
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) NEUER MARRIED 10A. USUAL OCCUPATION (Give kind of work lob, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? U, S, A,
	13. FATHER'S NAME PATRICK LYONS 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	14. MOTHER'S MAJOEN NAME MARY O'SULLIVA 17. INFORMANT HR. JAMES B. LYONS, SR. &	ADDRESS
ed or r	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH

		17	16/01/100	1	00,000	
18. 4 90 X	1	CAUSE OF D	EATH		INTERVAL BETWEEN ONSET AND DEATH	
	NDITION DIRECTLY TO DEATH	wRight 1	ower lobe pneu	umonia	6 days	
(This does not mean the heart failure, asthenia, e injury ar camplication w	etc. It means the dise	e.g., DUE TO	**************************************	\$\$\$\$\$\$ 10 0 14 mil \$\$\$\$\$\$ \$ 0.0 0 0 0 0 0 0 0 0 0 0 0 0 0	X	
ANTECEDE	NT CAUSES	(8)	deric an 1940-1940 de desir anni arrip 1940 de se anna anagon que persión desirio de papar en compressor que c			
DISEASES OR CONDI	cause (A) stating	ving				
O OTHER SIGNIFICANT CO TO THE DEATH BU DISEASE OR CONDITION	DNDITIONS CONTRIBUTE NOT RELATED TO	TING THE Arteriosclerot	ic Heart Disea	ase	Many years	
19A-DATE OF OPERATION	N 198. CONDITION F WAS PERFORMED	OR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE F			FINDINGS CONSIDERED USES OF DEATH?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID harms, form, foctory, street, office bldg., INJURY OCCUR?			e City, give exect locotion)			
_	(Doy) (Yeor) (Hour)	21E INJURY OCCURRED While At	21F. HOW DID INJ	URY OCCUR?		
22. I certify that (1) (HONNEGON attended the deceased from March 3 106 to Jan. 24 19 67						
that (1) (mg) last saw the deceased alive an Jan 23 and that in (mg) (20) apinion death accurred on the data and haur and from the causes stated above. (1) (10) (did not) view the body after death.						
23A. SIGNATURE	1	11 m Aug-dia		\$ #	23B, DATE SIGNED	
Han	les 2 teland	M.D. Attendin	9 Med. Director	Stoff Phys.	1/24/67	
23C. PHYSICIAN'S NAME (Type)	10 ()	23 D.	ADDRESS			
	. Felsember	g M.D.	1129 E. Baltir	more St. Bal	Lto. 2, Md.	
REMOVAL (Specify)		C. NAME of CEMETERY OF	24D. L	OCATION (C	ity, town, or county) (State)	
BURIAL	1-27-1967 1	UEW CATHEDRAL		BALTO.	Md.	
25A. DATE REC'D BY HEALTH	H DEPT. 258 NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS	

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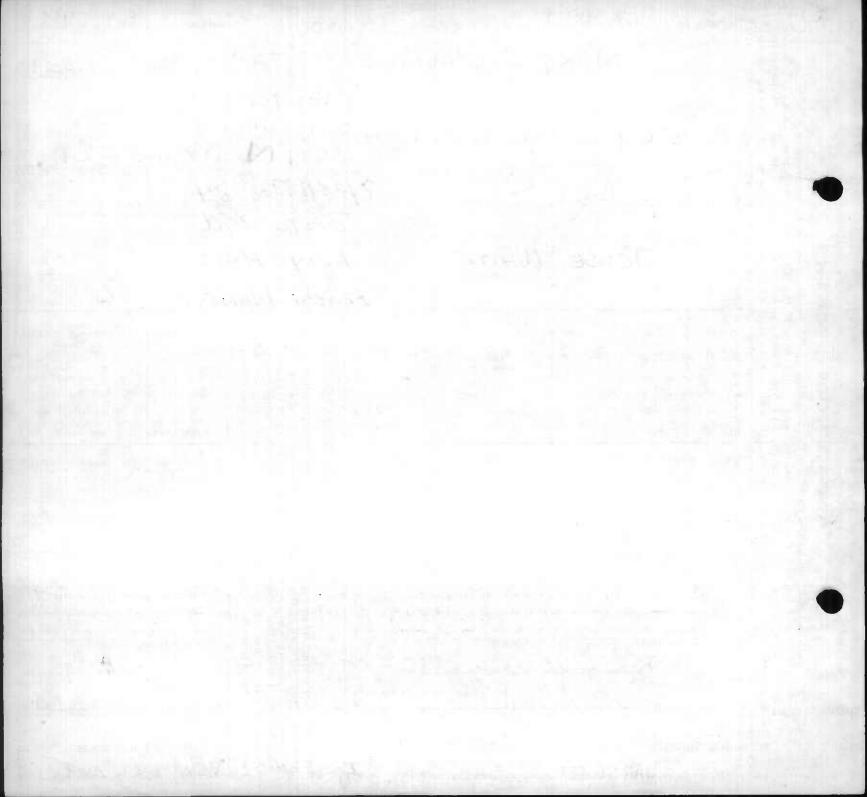
BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) FULL NAME OF HOSPITAL OR INSTITUTION Maryland (If not in hospital or institution, give street oddiess of location) C. CITY OR TOWN (If outside city limits, wate RURAL and give town hip) Baltimore City Hospitals Baltimore 4940 Eastern Avenue D. STREET ADDRESS (If rurol, give location) Baltimore, Maryland 21224 21216 2748 W. Lafayette Avenue mad 8. DATE OF BIRTH 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 5. SEX 9. AGE (In years If Under 1 Yr. Months Doys If Under 24 Hrs. Hours Min. Hours lost birthdoy Negro Male Married -1707 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF 11. BIRTHPLACE (State or foreign disposition WHAT COUNTRY? done during most of working life, even if retired) U. S. A. Laborer Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sam Denby Victoria 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL or final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 218-10-2062 RECORDS:BCH 4940 Eastern Avenue CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which coused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, to the obove couse (A) stoting the remains UNDERLYING CONDITION Josi, CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) WAS PERFORMED obtained before 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office btdg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING _ CAUSE OF DEATH (notify medical examiner) etc.) MEDIC 21 D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While I (APPROX.) At Work Work 22. I certify that (this haspital) attended the deceased from pe that H (we) last saw the deceased alive an. must and hour and from the causes stated abave. (1) (We) (did) (did net) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Stoff Phys. Phys. Director approval 23 C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) E. C. CAMERON 4940 Eastern Avenue Baltimore, 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Spedify) written

Lond that in (our) apinian death accurred on the date Maryland 21224 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

Buried 1-25-67 Just leaderen Britismon med

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02 0044	BALTIMORE CIT	Y HEALTH DEPARTMENT		CM OOLI		
MRTH NO. 67 0911	CERTIFICATE OF DEATH Registered No.			67 0911		
1. NAME OF DECEASED	WALLAC	CE JA	NOO, 196	071 7:30RM		
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceosed lived. If instit	tution; residence before admission)		
FULL NAME OF (If not in hospital or institution, HDSPITAL DR oddress or location) INSTITUTION	give street	C. CITY OR TOWN (III out	AND side city limits, write RUI	RAL and give township)		
509 N. MONROEST		D. STREET ADDRESS (If rerol, give location) SOP Non ROEST, 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.				
done during most of working life, even if retired)	L BOSINESS OK INDUSTRI	BALTU.	Md.	12, CITIZEN OF WHAT COUNTRY?		
JESSE WHITE		LUCY HALL				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	ERNEST W	ALLACE	S/A		
18.4 4 3 X I	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH		
DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) H-11	pertensive c	V.D.			
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease injury or complication which coused death.)	DUE TO			**************************************		
ANTECEDENT CAUSES	(B)					
DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoting the UNDERLYING CONDITION lost.						
Z DTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	HE					
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	IN CERTIFYING CAUS	DINGS CONSIDERED ES OF DEATH?		
OR CONTRIBUTING CAUSE OF hor etc	B. PLACE OF INJURY (e.g., me, form, foctory, street, c)	in or obout 21C. WHERE DID	(If in Boltimore C	city, give exact location)		
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E	E. INJURY OCCURRED hile At Not White At Work	21 F. HOW DID INJU	JRY OCCUR?			
22. I certify that (I) (this hospital) attended to	the deceased from	2-2-1	964 101-2	0- 1967		
that (1) (we) lost sow the deceased alive on and haur and fram the causes stated above. (Y		at In(my) (our) apinio	an death accurred an the date		
23A. SIGNATURE			2:	3B, DATE SIGNED		
CR. Campbell	M.D. Att	s. Director	Stoff Phys.	1-24-67		
23C. PHYSICIANS NAME (Type)	M.D.	23D. ADDRESS	Aug Bo	Iba ara Md		
24A. BURIAL CREMATION, 24B. DATE 24C.N REMOVAL (Specify)	AME of CEMETERY OF CR	EMATORY 24D. LC	CATION (City,	town, or county) (Stote)		
BURIAL 1/25/67 M 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	1.t. Aubur	B 25C. FUNERAL DIRECTOR	e Ho, m	D,		
JAN 30 1967 10 0 5	O Za Owna	ISAIAH.	L. BROWN	108 W. Mont comes		
VS 150-REV. 1/1765	0.10.0	0 0 7 1 1		33		



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Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
A, STATE

8. COUNTY KOMATSOULIS

3. PLACE OF DEATH IN BALTIMORE, MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give township) MARYL 1213 W. 37TH ST. 21211 If Under 1 Yr. If Und Months: Doys Hours If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS ST. AGNES HOSPITAL RECORDS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) and that in (my) (aur) apinion death accurred on the date 23 B. DATE SIGNED 1/28/67 WILKENS AVES.#29 hodox 25C. FUNERAL DIRECTOR 25A, DATE REC'D BY VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

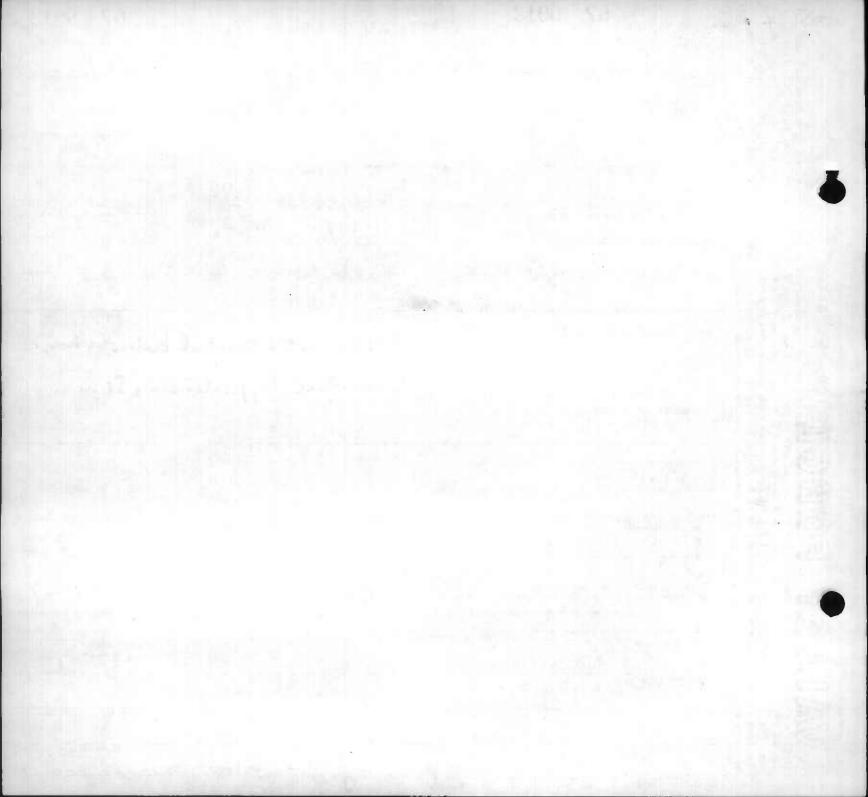
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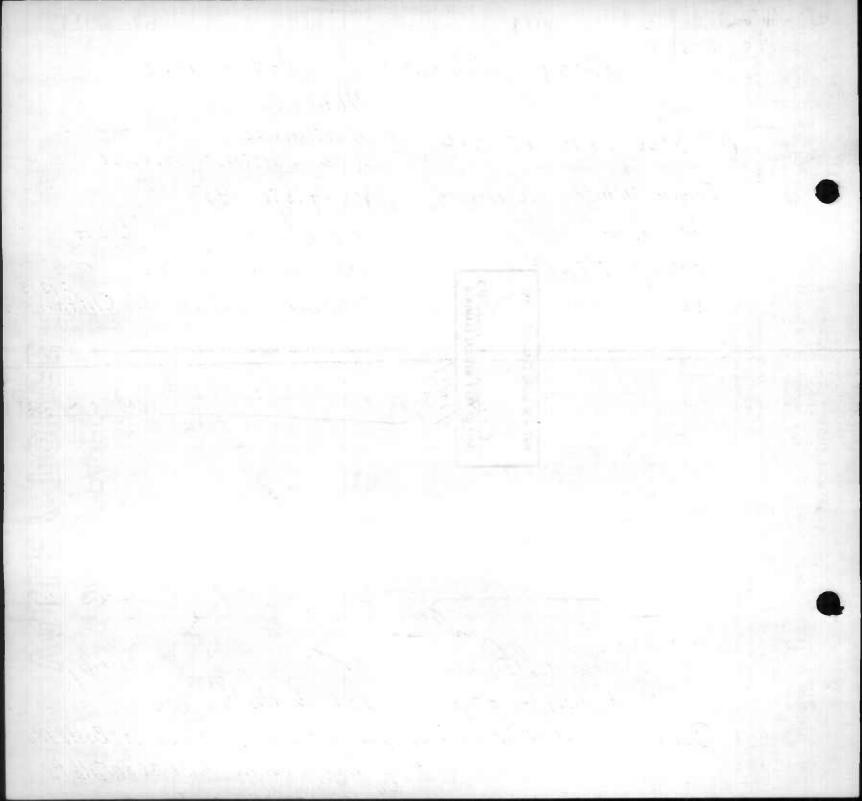
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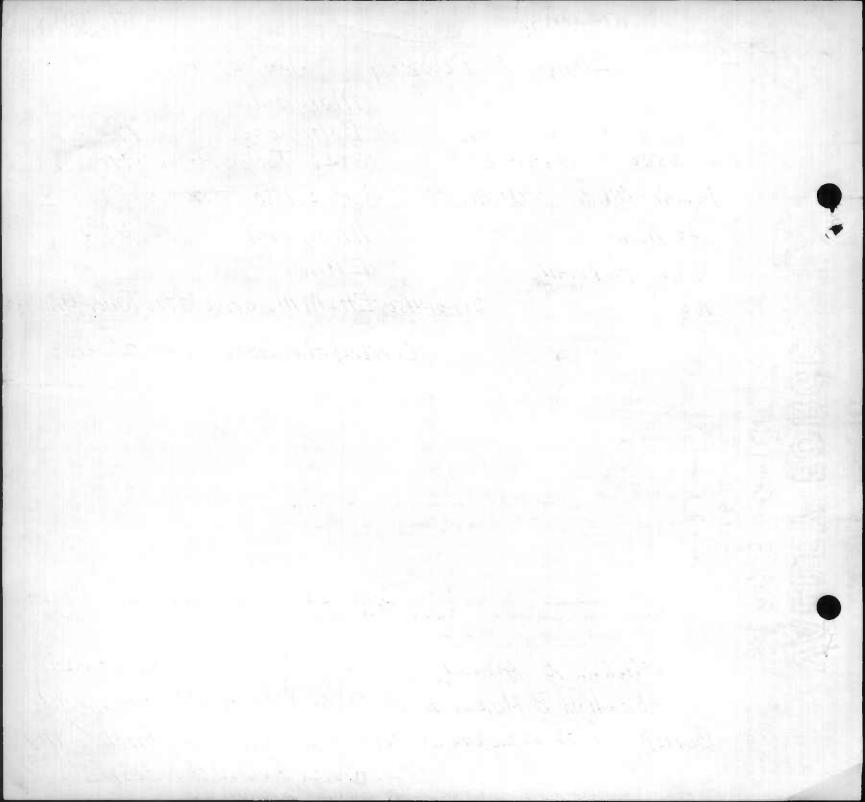
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BIRTH NO. M.E. CASE NO.		CERTIFICATE OF	DEATH	Registered Na.	
1. NAME OF DECEASED	0 11		2. DATE AN	ND HOUR OF DEATH	1 /
(+Wn-	el mound the	my G		17711	1281/67
PLACE OF DEATH IN BAL	TIMORE, MARYLAND	4. USUAL A. STATE	RESIDENCE (Whe	ere deceased lived. If i	stitution: residence before od
FULL NAME OF (If n	ot in hospital as institution, give stre	et Mu	d	Bult	
HOSPITAL OR addr	ess or location)	C. CITY O	R TOWN (If ou	utside city limits, write	RURAL ond give township)
		13	cetto.		27-11
	1 116 10.7	D. STREET	ADDRESS (IF	rurol, give location)	1 01
May Guest	bent resolver	3	5 4 K	edding	m -d
5. SEX 6. RACE	7. MARRIED, NEVER WIDOWED, DIVO		F BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours
/V / W	M		199	12	
done during most of working life, a	ve kind of work 108, KIND OF BUSIN even if retired)	SS OR INDUSTRY 11, BIRTHP	LACE (Stote or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
	let	Be	ect.)	ud	WW
13. FATHER'S NAME	-	14. MOTH	ER'S MAIDEN NA	ME	
(renal (recent man	1	14 1011	toil to	
15. Was Deceased Ever in U.			MANT	JI V	ADDRESS
(Yes, no or unknown) (If yes, giv	e wor or dates of services	CURITY NO.	1		
18> -> / X	02/8	CAUSE OF DEATH	can		INTERVAL BETWE
001/1	I DITION DIRECTLY		Mes.		ONSET AND DEA
	TO DEATH	Modelta	inter	Cerebral	Viamorrho
	ne made of dying, e.g.,	DUE TO	·		Lemorrho.
injuly al camplication w	tc. It means the disease, hich coused deoth.)	Cara	701		
ANTECEDE	NT CAUSES	(8) DUE TO	tiel in	> Juneus	- , Lever
	TIONS, if ony, giving	501 10		, .	
underlying condition	couse (A) stoting the	(C)		7 3 7 7 5 5 5 7 7 7 4 4 4 44 4 4 4 4 4 6 4 6 4 6 4 6	
	1				
OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING				
DISEASE OR CONDITION	NOT RELATED TO THE CAUSING IT.				
	198. CONDITION FOR WHICH	OPERATION 20A. AU	JTOPSY? (Yes or No	O) 208. IF YES, WERE	FINDINGS CONSIDERED
E C			,		
OR CONTRIBUTING C	USE OF 218. PLACE	OF INJURY (e.g., in or obout 27 foctory, street, office bldg., IN	NJURY OCCUR?	(If in Bottimor	re City, give exact tocotion)
DEATH (notify medical ex	ominer) etc.)				
OF INJURY			IF. HOW DID IN	JURY OCCUR?	
(APPROX.)	While At Work	Not While			. /
22. I certify that (1) (1	nis hospital) attended the dec	ased from 1127		19 6 7 to	28 10
	he deceased olive an 11) C	/		inion death accurred an t
	causes stoted above. (I) (We)			100000	dodin decorred an f
23A. SIGNATURE		(did) (did not) view the bo	Juy uner deoth.		238, DATE SIGNED
100000	6,00100000	M.D. Attending	Med.	Stoff Phys.	112011
23C. PHYSICIAN'S	murpur.	Phys. 23D. ADDRE	Director L	Phys.	1.1016
23C. PHYSICIAN'S NAME (Type)	1 Lallandon		1 20	011000	1 . 0
Daniel (MILLSENSON	M.D. 42	1 100	SLEN CO	
REMOVAL (Specify)		CEMETERY OF CREMATORY	24D. L	OCATION	City, town, or county) (
JUNIO	1-31-67 140/4	led eemer	(em L	1/ 04/5	14
25A. DATE REC'D AT HEALT	1967 258, NAME OF REGI	TRAR 25C FU	JNERAL DIRECTO	R ///	ADDRESS
AUI! 90	1301 Ocas 8.4	answer, 90	IYGER 1-	uneval Ho	me 3631 FALI
S 150-REV. 1/1/65	707	9 130 /A	2 116	1111111	





FUNERAL DIRECTOR: IMPORTANT
This certificate must be appraved by the chief medical examiner ar his assistant if death occurred in a hospital and
the body was released to the haspital by a medical examiner. Also, if the direct or cantributing cause of death
shaws: (1) An accident af any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pranaunced death was in regular attendance on the
deceased prior to death); and (6) Na physician was in regular attendance an the deceased prior to death. Such
written approval must be abtained before the remains are embalmed ar final disposition is made.

	67 0915	BALTIMORE CITY	HEALTH DEPARTMENT		CH	0045
BIRTH N	0.	CERTIFICA	TE OF DEATH	Registered No.	67	0919
M.E. CA 1. NAME (Type or	OF DECEASED	B DOWNER		D HOUR OF DEATH	7 1 /	45 P M
3. PLAC	E OF DEATH IN BALTIMORE, MARYLAND	/	4. USUAL RESIDENCE (Where	e deceased lived. If institu	ution: residence	before admission)
HOSP	NAME OF (If not in hospital or institution address or location)	n, give street	c. CITY OR TOWN (If out	side city limits, write RUR	AL and give to	ownship)
	As burton House	100	Baltimon D. STREET ADDRESS (III	urol, give location)	13-	07
0	3520 N. Hilton	St	3726 Tuc	lon Arms	Hue	
5. SEX		ED, NEVER MARRIED VED, DIVORCED (specify)		ost birthdoy) 86	f Under 1 Yr.	If Under 24 Hrs. Hours Min.
	AL OCCUPATION (Give kind of work 108, KIND ng most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareig	gn country)	2. CITIZEN OF	INTRY?
13. FATH	t home		14. MOTHER'S MAIDEN NAM	AE	03	4
No	hn HORMAN		Ellen			
15. Wos (Yes. 40	Deceased Ever in U. S. Armed Forces? frunknown) (If yes, give war or dates of servic	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRE	155
18.	D -	217-01-4508 CAUSE O		grove 372		AL BETWEEN
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		1 111 1			AND DEATH
	s does not meon the mode of dying, e it failure, asthenio, etc. It meons the disea	y., DUC 10	ebrul thrombu	25/5	2 w	ceks
	ry or complication which caused deoth.)	(B)				
DIS	ANTECEDENT CAUSES EASES OR CONDITIONS, if any, giving	DUE TO				
	to the obave cause (A) stating to DERLYING CONDITION last.	he (C)	000000000000000000000000000000000000000			
E TO	II HER SIGNIFICANT CONDITIONS CONTRIBUT THE DEATH BUT NOT RELATED TO EASE OR CONDITION CAUSING IT.	ING THE				
-		PR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSI	DERED
OR	CONTRIBUTING CAUSE OF	21B PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.)	or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore C	ity, give exact	locotion)
□ 21 D.	NJURY	TE INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?		
(APF	*KOL)	While At Not While Work At Work			7 4	
	I certify that (I) (this-haspital) attende (I) (we) lost saw the deceased alive a		1967 and the	9 6 to JAN	n death occu	19 6 7 .
	hour and from the causes stated above			,, (657, 567116		
23A.	Elenature Br H	Lyund M.D. Atte	ending Med. Director	Stoff Phys.	en, 27	1967
	PHYSICIAN'S NAME TYPE!	IRWITZ M.D.	7501 Libe	enta Rel	Baltine	" Md
24A. BU	MOVAL (Specify)	NAME OF CEMETERY OF CRE	MATORY 24D. LC	CATION City.	town, or county	(Stote)
25A. DA	1-12 1-28-67 L TE REC'T AVAHENTH DEPL 258. NAM	ORRAINE /2	PK (em U	Dod 124N, 1	32/10	G MI
	JAN 3 U 1967 (1200)	to Extendentia	Burga to	nevel Home	3631 F	Alls Rd
VS 150-1	REV. 1/1/65	Bu	Houde VALL	nak (h.		



1	67 0916 BERTH NO. BERTH NO. BALTIMORE CITY HEAL MEDICAL EXAMINER'S CI	TH DEPARTMENT ERTIFICATE OF DEATH Registered No. 67 0916
T-460	M.E. CASE NO.	2. DATE AND HOUR PRONOUNCED DEAD
	T. NAME OF DECEASED (Type or Print) ROSE TILLERY	Tonue 22 1067 12.55 A
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmissian) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland
	HOSPITAL OR ADDRESS OR LOCATION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
11	Union Memorial Hospital	Baltimore D. STREET ADDRESS (If rurol, give locotion)
7		2311 Robb Street
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years last birthday) Months, Days, Haurs, Min.
	Female Negro Separated	VIII. BIRTHALACE (Stote or foreign country) 12. CITIZEN OF
	done during most of working life, even if retired)	Yell m Cardinal WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Calit 71/10 (ams)	Kelphin Markow
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give war ar dotes af service) 16. SOCIAL SECURITY NO.	17. MFORMANT ADDRESS
		Lena Joushop 1332 Ellword er,
	IB. CAUSE	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	The state of the s	le Stab Wounds of Thorax and
	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	omen.
	injury or complication which caused death.)	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	(C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes Yes or No. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES
Thursday,	O UNDERLYING TOR CONTRIB- home, farm, factory, street,	in or obout 21C. WHERE DID (If in Boltimore City, give exact lacotion) affice bldg., INJURY OCCUR?
	UTING CAUSE OF DEATH. Control C	
	OF INITIBY	WHILE X Stabbed during altercation.
	22. I certify that I held on Inquiry Inspection Au	ond that on this bosis, death in my opinion
	resulted from: Notural couses Accident Suicident	de Homicide X Undetermined monner
		CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNATURE Charles / Lety M.E	D. ASSISTANT MEDICAL EXAMINER X 1/23/67
	EXAMINER'S Charles S. Petty	ASSOCIATE MEDICAL EXAMINER
	23A. BURIAL CREMATION, 23B. DATE , 23C. NAME OF CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (State)
TATE OF THE	REMOVAL (Specify) But and I and I let	usul Cem Westport. Med.
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C, FUNERAL DIRECTOR ADDRESS
	JAN 30 1967 R. S. Farleyma	Juli 1, Elikson 1/5911. Cuckie

aug 31 - 11 Surveted There made Seamstrees Thefilin Marine Celet Williams Grand Harding 1332 Cleve Brise Wille mit andered Bon Wintfort, Deal much Elister Harris

1-	1/000	2	-
	his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	4) Undetermined cause; (5) Deceased	(except where the physician who pronounced death was in regular attendance on the
ORTANT	assistant if the dir	iny kind; (ed death
R: IMP	ner or his	cture of a	pronounc
IRECTO	al examin	(3) A fra	an who
FUNERAL DIRECTOR: IMPORTANT	chief medical	Body burns;	the physici
F	ved by the	nature; (2)	ept where
	st be appro	ent of any	spital (ex
	This certificate must be app the body was released to t) An accid	was D.O.A. at a hospital
	This certi	shows: (1	was D.O.

	BALTIMORE CITY	Y HEALTH DEPARTMENT		00 00
ыкти но. 67 0917	CERTIFICA	TE OF DEATH	Registered Na	67 (1917)
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AN	ID HOUR OF DEATH	5
(Type or Print) $\angle EVON$	FAUL CON		1/25/67	1 5 1
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived, If ins	stitution; residence before odmis
FULL NAME OF (If not in hospital or instituti	ion ave sheet	MARCI	[MAIN]	
HOSPITAL OR oddress or locotion)	on, give sineer	C. CITY OR TOWN (IF DU	tside city limits, write R	URAL and give township!
//		18Altr	32m	147-00
7 MERCY		D. STREET ADDRESS	rurol, give location)	
/		5010	Presbu	IRY ST
5. SEX 6. RACE 7. MARR	HED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Months Doys Hours Mi
Femals Near C	h. 101	11/14/57	lost binndoyi 9	Total Total
10A, USUAL O CCUPATION (Gie kind of work 10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		MARIL	and	1150
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	0317
May 1 4 1.		1 10		
15. Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. HAROLINANT	,	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service	SECURITY NO.	all all		UDDKE33
		pieras		
1B. / O X I	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	1.0	11.12	D	5 ~~
LEADING TO DEATH (This does not mean the made of dying,	e.g., DUE TO	rims io	mor	412
heart failure, asthenia, etc. 11 means the diser				
injury ar camplication which caused death.)	(B)			
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if any, giv	at the second se			
UNDERLYING CONDITION last.	(0/			
_ 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
DISEASE OR CONDITION CAUSING IT.		20A. AUTOPSY? (Yes or No	V 200 to vec lugar F	THE PROPERTY OF THE PROPERTY O
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	ZOM. AUTOPST! (Tes of No	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CALLES OF	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?		3.77 gr 10 0.001 1000 1011
0				
S OF INJURY	21E, INJURY OCCURRED While At Not Whi	21 F. HOW DID INJ	URY OCCUR?	
(APPROX)	Work At Work			/
22. I certify that(1) (this hospital) attende	ed the deceased fram	1/24	1967 ta	1/23 196
that (We) last saw the deceased alive	1/4	19 67 and th	at in (my) (our) apin	nion death accurred an the
and haur and from the causes stated above				
23A. SIGNATURE	(3,4,4,6,5,4,6,6,7,4,6,7,4,6,7,4,6,7,4,6,7,4,6,7,4,6,7,4,6,7,4,6,7,4,6,7,4,6,7,4,6,7,4,6,7,4,6,7,4,6,7,4,6,7,4,6,7,4,6,7,4,6,7,4,6,7,6,7	ine odey offer dooms		23B. DATE SIGNED,
& mutild bear		tending Med.	Stoff	1/25/17
23C. PHYSICIAN'S	IV Ph	ys. Director	Phys.	100/6/
NAME (Type)	0/	1/ 1/ 1/ 1/ 1	11. Han	2. tral
SAN TOLD LLOI	M.D.	MAN AND AND	113 11034	21/17/
24A. BURIAL CREMATION, 24B. DATE 24G	C. NAME of CEMETERY or CE	REMATORY / / 24D. L	OCATION (Fit	y, town, or county) (Sto
12412 11 WNES167	not leubert	or Eine U	Jestport	me
25A. DATE REGO HEALT DEPL 25B. NAA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	sh 1	ADDRESS
30 1301 17 300	TE, Stanbauma	Thellen 5.	Eliekes	6 1129 n. Car
VS 150-REV. 1/1/65	0100	0 77.0		

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(Ť,	NAME OF DE	CEASED		AMINER'S CE					
	rpe or Print)		TC				HOUR PRONOUNC		5:00 A
3.	PLACE IN BA	JESSE COLLIN		NCED DEAD	A. STATE		ry 25, 196	titution: residence	14.10
FU HC	LL NAME OF DSPITAL OR STITUTION	f (IF NOT IN HOSPI' ADDRESS OR LOC Maryland Pen	CATION)	TION, GIVE STREET	C. CITY OR TOW		corporate limits, write	BURAL ond give	e township)
92		954 Forrest		y mospicui	D. STREET ADDRE		ve location)		
	CEV	Baltimore, M				N. Wash	ington Str		1
	SEX	6. RACE	WIDOWED, D	OIVORCED (specify)	8. DATE OF BIRTH	1000	9. AGE (In years last birthday) 57	Months Doys	II Under 24 Hrs. Hours Min.
	ale A. USUAL OC	Negro		rried BUSINESS OR INDUSTRY	Dec. 27,			12. CITIZEN OF	
doi	ne during most o	of working life, even il retired)			Knoxville			WHAT CO	UNTRY? USA
13.	FATHER'S NA				14. MOTHER'S MA				054
	Jerr	y Collins			Mary Liza	Davis			
		SED EVER IN U.S. ARME		16. SOCIAL SECURITY NO. 217-09-3676	17. INFORMANT	02		ADDRESS	
	(This does heart failur injury or c	ASE OR CONDITION DE LEADING TO DEAT TO THE MODE OF THE	of dying e.g., ns the discose, d deoth.) ES ANY, GIVING STATING THE	DUE TO	ive Heart		ascular Di	.s e ase	
Z				(C)					
TIFICATI	TO THE	GNIFICANT CONDITIONS DEATH BUT NOT R OR CONDITION CAUSIN	ELATED TO TH		es Mellit	18	******************************		
1 3	0		REFORMED	HICH OPERATION	20A. AUTOPSY?	INI	B. IF YES, WERE FILL CERTIFYING CAU		DERED
O	21A, EXTERN	AL CAUSE WAS	21 B. P home, etc.)	form, foctory, street, of	fice bldg., INJURY	TERE DID (IF	in Boltimore City, gi	ve exact lacation)	
EDICAL	UNDERLYING	USE OF DEATH.							
7	UNDERLYING UTING CA 21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yea	or) (Hour) 21	E. INJURY OCCURRED HILE AT NOT WOORK AT WO	VHILE	W DID INJURY	OCCUR?		
EDICAL	UNDERLYING UTING CA 21 D TIME OF INJURY (APPROX.)		or) (Hour) 21	HILE AT NOT WAT WO	VHILE DRK		OCCUR?	ny opinion	
EDICAL	UNDERLYING UTING CA 21 D TIME OF INJURY (APPROX.) 22.	(Month) (Doy) (Ye	(Hour) 21	HILE AT NOT WAT WO	PPSY ond	that on this			
EDICAL	UNDERLYING UTING CA 21 D TIME OF INJURY (APPROX.) 22.	(Month) (Doy) (Yes	(Hour) 21	Inspection X Auto	PPSY Ond Homicide	thot on this Uno	bosis, deoth in medetermined monne	er 🗌	TE SIGNED
MEDICAL	UNDERLYING UTING CA 21D TIME OF INJURY (APPROX.) 22. I ce resu ACTUA SIGNA	(Month) (Doy) (Yes	Inquiry Ouses & Ac	Inspection X Autoccident Suicide	OPSY OND OPSY OND OPSY OND OPSY OND OPSY OND OPSY OPSY OPSY OPSY OPSY OPSY OPSY OPSY	thot on this Unc DICAL EXA	bosis, deoth in modernment of the modern of	er DA	TE SIGNED

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	0010	BALTIMORE CIT	Y HEALTH DEPARTMENT		00	00.10
	RTH NO. .E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	67	0919
1.	NAME OF DECEASED	Huggins		10 HOUR OF DEATH		4:00PM
	FULL NAME OF HOSPITAL OR Oddress or location) INSTITUTION		A. USUAL RESIDENCE (Whe A. STATE B. COUN MARYLAND	ITY		
3	3 THE JOHNS HOPKINS	HOSPITAL	D. STREET ADDRESS (IF	rurol, give location		3
	M Meana Wil	RRIED, NEVER MARRIED OWED, DIVORCED (specify) MARRIED	8. DATE OF BIRTH 5-1-16	9. AGE (In years lost birthday)	If Under 1 Yr. Months Days	If Under 24 His. Hours Min.
13	A. USUAL OCCUPATION (Give kind of work 10B. KI sine during most of working life, even if retired) STATUS FATHER'S NAME FENIUS Huggin	ND OF BUSINESS OR INDUSTRY	14. MOTHERS MAIDEN NAI GEORGIA STE	ME	12. CITIZEN CO	
1113	. Was Deceased Ever in U. S. Armod Pices? es, no or unknown of the sof se	1 6. SOCIAL SECURITY NO.	Mary He	adio:12	16 Sha	ress LOT
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, healt foiluse, asthenia, etc. It means the disinjusy of complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION lost.	e.g., (A)	Acite Myson	Carelist sy		VAL BETWEEN T AND DEATH 2 days
FICATION	OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	BUTING APP	ertemin			
	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CON	SIDERED 1?
CAI CERI	21A. ACCIDENT WAS UNDERLYING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING Examiner)	21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or obout 21 C WHERE DID office bldg., INFURY OCCUR?	(If in Boltimor	e City, give exoc	et locotion)
MEDIC	21D. TIME (Month) (Doy) (Year) (Hou	21E. INJURY OCCURRED While At At Work At Work		URY OCCUR?		
	22. I certify tho (I) this hospital) after that (I) (we) lost saw the deceased alive and hour and from the couses stated obtained as the couse stated obtained as	e an 4:PM . 1/23 ove(1) We) (did) (did not)	19 ond the	Staff #	inion deoth oc	
24	23C. PHYSICIAN'S NAME (Type) A H - H - H I W A BURIAL CREMATION, 24B. DATE REPOVAL (Specify) A BURIAL CREMATION, 24B. DATE REPOVAL (Specify)	19 Hou M.D.	23D. ADDRESS The John	S Hopks OCATION (C)	in Harpily, town, or four	(Stote)
	SA. DATE REC'D BY HEALTH PEPT. 25B. N SA. DATE REC'D BY HEALTH PEPT. 25B. N SA. DATE REC'D BY HEALTH PEPT. 25B. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	Elieks	H 1129	M. Caeslin

Continuen Medar mille aft Mond forder 1:22 . The party made to have an interpol not

67 0920	BALTIMORE CITY	HEALTH DEPARTMENT		0000
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No	67 0920
M.E. CASE NO. 1, NAME OF DECEASED		DAYE.	AND HOUR OF DEATH	
	USSELL H. SWA			
	OSSELL U. SAY		-26-67	9:30 P M
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WA. STATE B. CO	here deceased lived. II in	stitution: residence belore odmission
		MARYLAND		
FULL NAME OF (If not in hospital or institution HOSPITAL OR oddress or tocation)	n, give street			
INSTITUTION		C. CITY OR TOWN	outside city limits, write	RURAL and give township)
7 T		BALTIMORE	1	-01
3 THE JOHNS HOPKINS HO	OSPITAL	D. STREET ADDRESS	(If rural, give location)	
		1326 N. DA	LLAS ST.	
SEX 6. RACE 7. MARRIE	ED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
	VED, DIVORCED (specify)		lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
		8-9-21	45	
A. USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired	hun Stell Cr	1 /1	191.	WHAT COUNTRY!
Laborer Sollle	umalell 6	Cumberla	nd la,	
FATHER'S NAME		14. MOTHERS MAIDEN N	IAME	
ROBERT RUSSELL		P	Managara	
			WASHINGTON	
5. Was Deceased Ever in U. S. Armed Forces? 'es,no or unknown) (If yes, give war or dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	Λ	ADDRESS
N.	JECONIII NO.	01 1-	/	
100 -		uema 2	wann	
18. O O / X I	CAUSE O	DEATH		ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY	90			
LEADING TO DEATH	(A) Pulm	onary Emboli	US	minutes
(This does not mean the mode of dying, e.	g., DUECOP	pulmonale ar	nd massive	
heart failure, asthenia, etc. It means the diseast injury or camplication which caused death.)	se,	a with poly	outhomie of	+
				years
ANTECEDENT CAUSES	DUERD	ping medica	of ony for	
DISEASES OR CONDITIONS, if any, givin	ng +ha	and silicos		3
rise to the obove cause (A) stating the	he (C)	wild STITCOS!	L &	<u> </u>
UNDERLYING CONDITION lost.				
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
TO THE DEATH BUT NOT RELATED TO	THE			
19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORMED		no	IN CERTIFYING CA	USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 2	I P BLACE OF INITIBY		//s := D-1s:	67
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in nome, form, foctory, street, of	fice bldg., INJURY OCCUR!	ut in politimore	e City, give exact location)
	etc.)			
21D. TIME (Month) (Dov) (Year) (Hour) 2	TE INJURY OCCURRED	21E HOW DID	NJURY OCCUR?	
OF INJURY	While At Not While		III O G G G K	
	Work Al Work			
22. I certify that (1) (this hospital) attended	data dansard d	an 20	19 67 10	Jan 26 19.67
			•	
that (I) (we) lost sow the deceased alive or	Jan 26	19 67 ond	that In(my) opi	nion death occurred on the do
ond hour and from the couses stated above.	(I) (### (did) (#####	iew the body ofter deat	h.	
23A. SIGNATURE				23B. DATE SIGNED
To the state of th			Au	O AL SONE
1111111111111		nding Med.	Stoff	Van de 1961
W Lud Than	M.D. Atte		Phys.	7 AM UV. / / / / /
23C. PHYSICIAN'S	Phy:	5. Director 23D. ADDRESS	Phys.	Jun 00,1101
NAME (Type)	Phys	Director	Phys.	Jan 00,1101
	Phys	Director	R	Jun 00,1101
NAME (Type) Leigh The	MOSON M.D.	23D. ADDRESS	R	ity, town, or county) (State)
W. Leigh Tho	MOSON M.D.	23D. ADDRESS	R	ity, town, or county) (State)
NAME (Type) Leigh The	MOSON M.D.	23D. ADDRESS	R	ity, town, or county) (State)
NAME (Type) Leigh The	MASON M.D. NAME OF CEMETERY OF CRE Arbutus M	23D. ADDRESS	Reputus;	(State) ADDRESS
NAME (Type) Leigh The W. Leigh The AA. BURIAL CREMATION, 24B. DATE 24C. BUXIAL DATE DUXIAL DATE DUXIAL	MASON M.D. NAME OF CEMETERY OF CRE Arbutus M	23D. ADDRESS AND COMMANDER MATORY PARK Director 24D MATORY PARK Director 24D	Reputus;	md.
NAME (Type) Leigh The 4A. BURIAL CREMATION, 24B. DATE 24C. Burial Commission 24B. Date 24C.	MASON M.D. NAME OF CEMETERY OF CRE Arbutus M	23D. ADDRESS AND COMMANDER MATORY PARK Director 24D MATORY PARK Director 24D	Reputus;	md.

Falor - Bullelin Still Co Cumberland Va YT Uma duran

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4542/ 00 000:	BALTIMORE CITY	HEALTH DEPARTMENT		67 0921
BRTH NO. 67 0921	CERTIFICA	TE OF DEATH	Registered Na.	07 0321
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	1
(Type or Print) Wil Kerson	, Florence	p 11.	27/67	4 15 A.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Who	ere deceased lived. If i	institution: residence before admission)
FULL NAME OF (If not in hospital or institution oddress or location)	on, give streel	MARYLAND C. CITY OR TOWN (If or	itside city limits, waite	RURAL ond give township)
BALTIMORE CITY	HOSPITALS	BALTIMORE	Joseph Comp Territoria	3-01
4940 EASTERN AV			rurol, give locotion)	-
BALTIMORE, MARY	LAND 21224	27 S. CAROLI	NE ST.	#21231
FEMALE NEGRO WI	DOWED	8. DATE OF BIRTH 5-31-81	9. AGE (In years lost birthdoy) 85	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL O CCUPATION (Give kind of work 10B, KINE done during most of working life, even if retired)	O OL BOZINEZZ OK INDOZIKI	11. BTRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
Atriaewife		VIRGINIA		USA
13. FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	
ALBERT WALKER		ELVIRA	WALKER	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		21224 ADDRESS
		RECORDS_BCH_	4940 EAST	ERN AVENUE
1B. / 5 3 0 I	CAUSE	F DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	/	cardine a	rrect	
(This does not meen the made at dying,				
hearl failure, asthenia, etc. It means the dise injury or complication which coused death.)	ose,	4 rx hy flm ia		
ANTECEDENT CAUSES	(B)	4 rrhy formion		
DISEASES OR CONDITIONS, il ony, gir	ving	,		
rise to the above cause (A) stating UNDERLYING CONDITION last.	The (C)	7-1/ H-1/	potia	
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING THE			
DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208. IF YES. WERE	FINDINGS CONSIDERED AUSES OF DEATH?
1/26/67 WAS PERFORMED	of cecusion	YES	IN CERTIFYING C.	AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or obout 21 C. WHERE DID		ore City, give exact location)
DEATH (notify medical examiner)	etc.)	mice bidg., INJORI OCCOR:		
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
OF INJURY (APPROX.)	While At Work At Work			
22. I certify that (物 (this haspital) attend			10 //- 10	1/27 1967.
that (4) (we) last saw the deceased alive	an 1/27/67	19 and t	hat in (—v) (aur) ar	vinian death accurred on the date
and haur and from the causes stated abov				man death accorred an the date
23A. SIGNATURE	e. (1) (iie) (did) (did Hell	view the body offer death.		23B. DATE SIGNED
Court D. Louison	M.D. Att	rending Med.	Stoff S	1/27/47
23C. PHYSICIAN'S	7.0	23D. ADDRESS	Phys.	1/2/10/
NAME (Type) DD CADT LITHTET	COUNTY M.D.	Back	i dy	1+01p.
	C. NAME of CEMETERY of CE	EMATORY 24D.	LOCATION (City, town, or county) (Stole)
REMOVAL (Specify)	Comp Pelma	. 10. 11	100	to mo
25A. DATE REC'D A NEW PORT / 238. PA	ME OF REGISTRAN	25C, FUNERAL DIRECTO	a con	ADDRESS
1301 466	JE, January HA	mon sten	8 4/1.60	11/12991 15
VS 150-REV. 1/1/65		THICK O	ye curve	11-111. 44.000

Horney y.

DONOHUE, CATHERINE A.

BIRTH NO.

M.E. CASE NO.

1. NAME OF DECEASED (Type or Print)

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

JAN 30 1967

VS 150-REV. 1/1/65

of death Deceased

Such

LO

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

A. STATE

Registered No.

27, 1967

If Under 24 Hrs.

Hours

WHAT COUNTRY?

ADDRESS

1.27.67

INTERVAL BETWEEN

ONSET AND DEATH

U.S.A.

4. USUAL RESIDENCE (Where deceased lived. If institution: tesidence before admission)
A. STATE
B. COUNTY

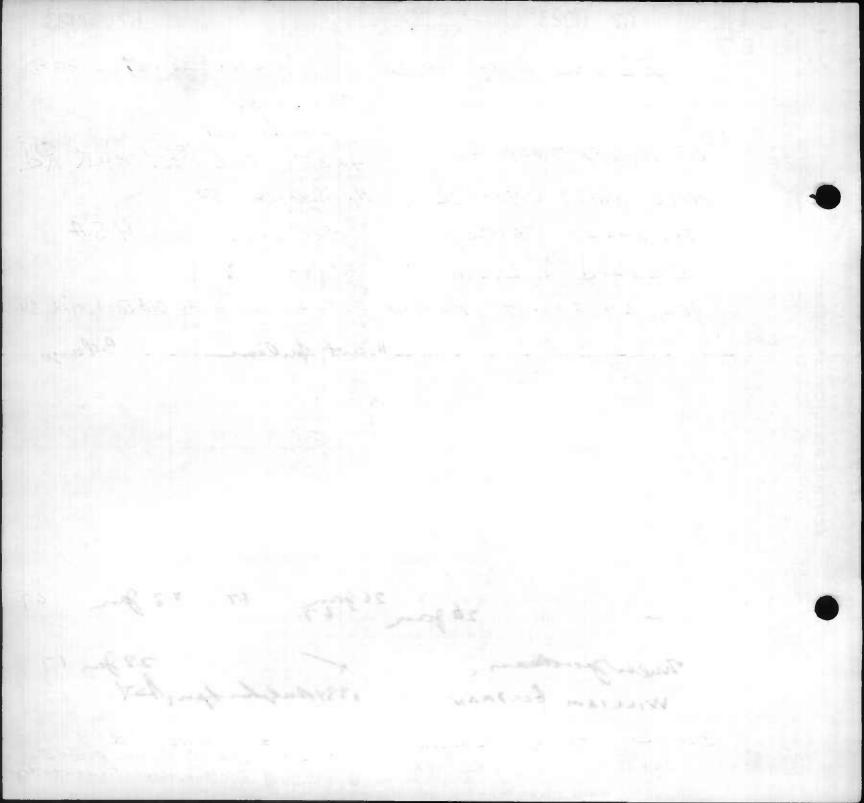
2. DATE AND HOUR OF DEATH

JANUARY

Eren I with mountain of the Eren Total Control The Yard State of Total Art S.A.B. CHAMAN L. 2 Do on S in all principles brune. In the comment

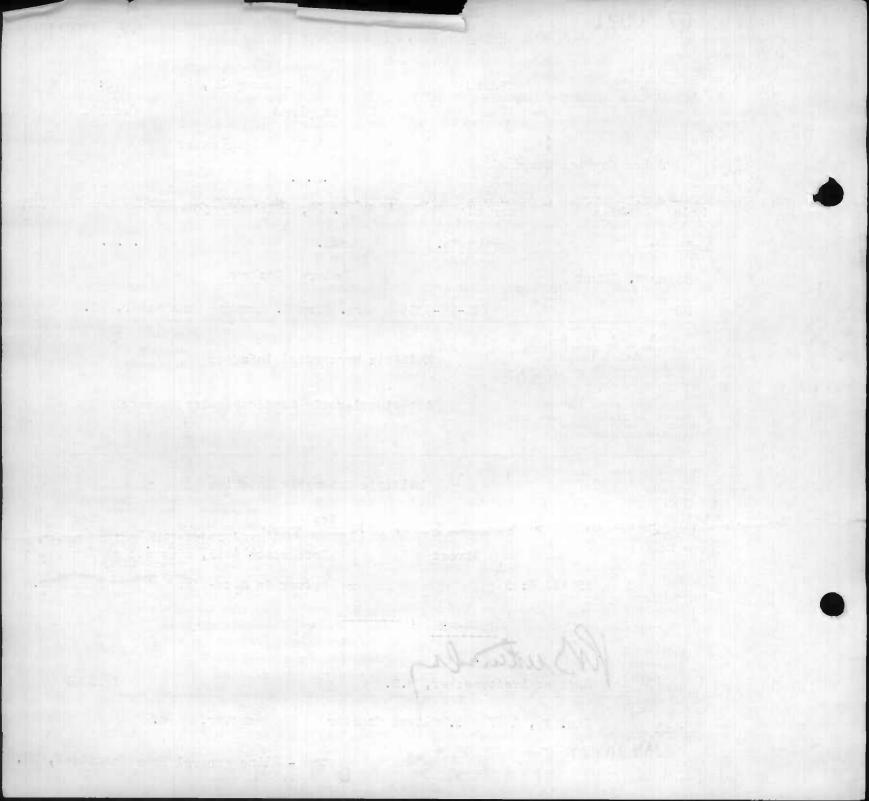
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	on 0000	BALTIMORE CITY	HEALTH DEPARTMENT		0000
	тн но. 67 0923	CERTIFICA	TE OF DEATH	Registered No.	67 0923
1.1	E CASE NO. NAME OF DECEASED pe or Print! A OSARA A OS	SEPH LYMEL	1	DHOUR OF DEATH	1960 3:30 P.M.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN	7	tilution residence before admission)
Ш	FULL NAME OF (If not in hospital or instituti HOSPITAL OR oddress or location)	on, give street		side city limits, write RI	URAL ond give township)
0	ST. AgNES Hosp	ITAL		orol, give locotion)	JERICK RA
5.		HED, NEVER MARRIED WED, DIVORCED (specify)		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	MALE WHITE MALE MALE MALE WORK TOB. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
	SALESMAN BA	King	MARYLA-	nd	4. S.A.
13.	FATHER'S NAME	,	0	AE .	
	Wos Deceosed Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	VES 6-30-17 6 9-26-17	577-03-9011	ELTA A. LYNO	4 4235 6	Old FREDERICK Rd
	DISEASE OR CONDITION DIRECTLY	A/	DEATH		ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. II means the dise	e.g., DUE TO	sant Jailes		squy
	injury or complication which coused death.) ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if any, give				
	rise to the above cause (A) stating UNDERLYING CONDITION last.	the (C)			
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	20B. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact location)
MEDIC	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJ	URY OCCUR?	
	22. I certify that (I) (this haspital) attended			967 10 Z	1967
	that (I) (we) last saw the deceased alive and haur and from the causes stated abav			at in (my) (our) opin	ion death occurred on the date
	23A. SIGNATURE THE PROPERTY.		nding Med.	Stoff Phy s.	28 Jan 67
	23C. PHYSICIAN'S NAME (Type)		1334 Aulys	hundpund	ST
	REMOVAL (Specify)	C. NAME of CEMETERY or CRE	MATORY 24D. LO	CATION (City	y, town, or county) (State)
	A. DATE REC'D BY HEALTH DEPT. 258. NA	Loudon Pa	256. EN NERAL DIRECTOR	2 LTINORE	Md.
	JAN 30 1967 Roberts	E, Stadley MA	or Roncis W.	molle 2	101 Tulinikan
VS	150-REV. 1/1/65				



BALTIMORE CITY HE	ALTH DEPARTMENT		Cores	0001
EDICAL EXAMINER'S	CERTIFICATE C	OF DEATH	Registered No.	U924

	67 0924	BALTIMORE CITY HEALT			67 0924
	th NO. MEDICAL E. CASE NO.	EXAMINER'S CE	RIFICATEO	F DEATH Register	ed Nô.
	NAME OF DECEASED			AND HOUR PRONOUNCE	
3	ALFRED PLACE IN BALTIMORE, MARYLAND, WHERE PR	SHANKS		nuary 25, 1967	8:22 A _{M.}
FU	LL NAME OF (IF NOT IN HOSPITAL OR IN		A. STATE Maryland	B. COUI	Carroll
HC	SPITAL OR ADDRESS OR LOCATION)			Manchester	KUKAL and give township)
, 6	T-1 II1 II!	4.1	RURAL D. STREET ADDRESS (If		56-00
10	Johns Hopkins Hospi	tal	R.F.D. 7	1 -	
5.			B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
10.0	Male White Ma	ved, DIVORCED(specily) arried	Sept. 22, 19		Months, Days, Hours, Min.
dor	. USUAL OCCUPATION (Give kind of work 108. KIN e during most of working lite, even if retired)		_	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	ngineer	Martin Co.	Tenn.	AME	U.S.A.
	Edgar S. Shanks		Delora C	ockron	
	WAS DECEASED EVER IN U.S. ARMED FORCES		17. INFORMANT	0014 011	ADDRESS
(Ye	NO (If yes, give war or dates of service)	security No. 218-09-5325	Mrs. Dora E.	Shanks Manch	ester, Md.
	1B. 4 20 1 X	144 CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	1//			ONSET AND DEATH
	(This does not mean the mode of dying,	e.g., DILE TO	le Myocardial	Infarcts	
	heart foilure, asthenia, etc. It means the disc injury or complication which coused death.)	eose,			
	ANTECEDENT · CAUSES	Arteri	osclerotic Car	diovascular Di	isease
	DISEASES OR CONDITIONS, IF ANY, GIV	ING DUE TO	***************************************		
-	UNDERLYING CONDITION LAST.	(C)			
CATION	II.	1 6 / 100 000 000 000 000 000 000 000 000 0	amaa = = 00 = 00 = 00 = 00 = 00 = 00 = 0		
匝	DISEASE OF CONDITION CAUSING IT	TO THE Multi	ple Traumatic	Injuries	
CERT	19A. DATE OF OPERATION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or Yes	No) 208, IF YES, WERE FIN	
CAL	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21 B. PLACE OF INJURY (e.g., inhome, form, factory, street, of	n or obout 21C. WHERE D		e exoct location)
EDIC	UTING CAUSE OF DEATH.	Street	Inters	ate #695, over	W. of Rosedale cpass of Interstate
Σ	OF INTURY	A 21 E. INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR? BE	altimore County
	(APPROX.) 1 25 67 7:4	5m. WHILE AT NOT V	VHILE X Driver	in Auto-fixed	object accident.
	22. I certify that I held an Inquiry	Inspection Auto	opsy X and that a	n this basis, death in m	y apinlan
	resulted frams Natūral couses	Accident X Suicide		Undetermined monne	r
	1//.1	0	CHIEF MEDICAL		
	ACTUAL SIGNATURE	lund home	ASSISTANT MEDICAL	EXAMINER X	DATE SIGNED
	ENGLISHEDIC /		ASSOCIATE MEDICAL		1/25/67
-	A. BURIAL CREMATION, 238. DATE MOVAL (Specify)	23C. NAME of CEMETERY or	CREMATORY 23	D. LOCATION (City,	town, or county) (State)
			en 1	Hanover, Pa	
	Burial Jan. 28, 1	1967 Mt. Olivet	Cemetery	manover, 1	A.
RE	A. DATE REC'D BY HEALTH DEPT. 248, N.	AME OF REGISTRAR	24C. FUNERAL DIREC		ADDRESS
24.	A. DATE REC'D BY HEALTH DEPT. 248, N.		24C. FUNERAL DIREC	TOR	



This certificate must be approved by the chief medical examiner or his assistant if death occurre the body was released to the hospital by a medical examiner. Also, if the direct or contribut shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined and the hospital forces the physician and provided doors.
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A.	-30k	67 0925 BALTIMORE CITY HEALTH DEPARTMENT 67 0925
"	7004	SIRTH NO. CERTIFICATE OF DEATH / Registered No.
	death death ease n th	M.E. CASE NO. 1. NAME OF DECEASED ELSIE MEYER AIDT 2. DATE AND HOUR OF DEATH
	- T 0 C	(Type or Print) 1/36/67 8:25 PM
	hospital Jse of c (5) Dece lance or death.	3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceded lived, If institution; residence before odmission) A. STATE B. COUNTY
	hospi ise o (5) D ance deat	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) NOTITION C. CITY OF TOWN (If outside city, limits, write RURAL and give township)
	se; (senda	HOSPITAL OR oddress or locotion) INSTITUTION (If outside city limits, write RURAL and give town hip)
	E 34 .	4 Union Mpmovial Hospital Baltimove 53-00
	ting d cau	524 Murdock Road
	F 3 0 0 0	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
	occur contrik ermin regul eased	+ Caucasion Married 01-21-91 76
	in r	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12, CITIZEN OF WHAT COUNTRY?
	or condet sin deconition	House Wife Maryland USA
	if deect of the was	13. FATHER'S NAME
5	L C	LOUIS MPGQV LOUISP White
A	stant ind; eath e on	(Yes, no or unknown) (If yes, give wor or does of service) Security No. 17. INFORMANT MR. HARRY E. AIDT-524 Murdock Rd.
RT	SS: The A Print	218-61-1928 MV Philip E Helit
IMPORTA	S Ce o	DISEASE OF CONDITION DIRECTLY CAUSE OF DEATH ONGE OF DEATH ONGE OF DEATH
E	Also, i e of an nounce attend	LEADING TO DEATH (A) Cancer of Abdomin, Probabile 3 Months
	0 4 5 5 0 7	(This does not mean the mode of dying e.g. DILE TO
OR:	miner or inner or fracture or prongular of embalr	heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) Ovicin Pancyles DUE TO
CTO		
ш	Xar Xar Xar Wh Wh	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the (C)
DIR	al e l e an	UNDERLYING CONDITION losi.
	medical medical / burns; physicia	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
NERAL	med bu bu bu bu bu an	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
1	hief a rr Sody he p sicia	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	by a rectified by a control by a control body a control by a control b	2 1/25/6/ Hodominal Mass NO
L		21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY le.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF Home, form, foctory, street, office bldg., INJURY OCCUR?
	by pit prit vh wh d b	
		₩ OF INJURY While At Not While
	roved he hos iy natu xcept and (6 btaine	22. I certify that (I) (this hospital) attended the deceased from 1 1967 to 1967.
	9 ; e	that (1) (we) just sow the deceased alive on 1/2 6 19 6 7 and that in (my) (our) opinion death occurred on the date
	ased to lent of ospital death)	and hour and from the causes stated above (1) We (did) (did not) view the body after death.
	leased ident o hospita o death	23 A SIGNATURE 1238. DATE SIGNED
	30.55	Creen les III Conson la M.D. Attending Med. Director Phys. X
	acc acc	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
	was r An a L. at c prior	CHARLES H. CLASSEN, JR M.D. UNION MEMORIAL HOSPITAL
	1 × 0 0 0 0	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	This certification of the body shows: (1) was D.O. deceased written a	BURIAL 1/30/67 LOUDON APRK CEMETERY BALTIMORE
	This the I show was dece	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	₹ ₩ 3 ₽ 3	JAN 30 1967 (1) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		73 130-REV. 17 1703

Cincon Marcon Ling al Sal Reverse Roma F CONCESSOR PROVINCE 01-21-91 96 Maryland 25/7 House Wife Lows May Lewise White 313-01-7988 No Pally E Palty Concre of Philosophilly cryn Russias 1/25/67 Pro James of Front Action 9011 20 619, 2571 Let by the Direct Plane of the L & L & (L/SSE, J

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				BALTIMORE CITY	HEALTH DEPARTMEN	NT	67 0926
	H NO. . CASE NO.	67 0926		CERTIFICA	TE OF DEAT	TH Registered No	. 07 9326
1, N	AME OF DEC	EASED			2. DA	TE AND HOUR OF DEATH	030
(Тур	e or Print)	Edmund E. Za	apalowic	2	Jan	uary 26, 1967	4 D.M.
3. P	LACE OF DEA	TH IN BALTIMORE, MA			4. USUAL RESIDENCE	(Where deceased lived, If	institution: residence before odmission)
1	TULL NAME O HOSPITAL OR NSTITUTION	F (If not in hospital oddress or location		rve street	Maryland c. ciw or town Baltimore	(If outside city limits, write	RURAL and give township)
0	C	humah Ilama 0	TT		D. STREET ADDRESS	(If rurol, give location)	1-0
	C	hurch Home &	Hospita.		619 S. Ell		
5. S	EX	6. RACE			B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs. Months: Doys Hours: Min.
Me	le	White	Never M	DIVORCED (specify)	9/28/11	lost birthdoy!	Months Doys Hours Min.
		JPATION (Give kind of work			11. BIRTHPLA CE (Stote		12. CITIZEN OF
		working life, even if retired)	TOD, KIND OF	DOSINESS OR INDUSTRI	THE BIRTH EACE (SIGIC	or rolling country	WHAT COUNTRY?
N	lachine	Inspector	Nation	al Can Co.	Maryland	,	U. S. A.
13.	FATHER'S NAM	AE			14. MOTHER'S MAIDE	N NAME	
	Bron	nislaw Zapalo	wicz		Mary Ann Z	aworski.	
15.	Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT the	a la	alto. Md. 21224
		(II yes, give war or dote	s of service/	SECURITY NO.			
114	0			215-10-5324		alowicz 619 S.	
	1B.	E OR CONDITION DI	PECTLY	CAUSE O			ONSET AND DEATH
		LEADING TO DEATH		(A) (DC	ude Coror	ray Ocches	in Jan 26 1967
		al mean the made of osthenia, etc. It means		DUE TO		il Infarctu	0
		plication which caused		1. 1	2, ,	-2/27/	3-25-66
	ANTECEDENT CAUSES CALLER			" Gorsielle	el Anjarche	2 3 71 6	
	DISEASES	SHOITIGHTO SE		DUE TO	0	o stalen	males 16-66
	DISEASES OR CONDITIONS, if any, giving lise to the above cause (A) stoting the				superidea	t Tagerne	0 /
		CONDITION lost.		The dea with	-l	C.V. 1/2210	20 22546
		11		C- Coperation	04-201-6	7777	72.
ATION	TO THE D	FICANT CONDITIONS CEATH BUT NOT RELACED CONDITION CAUSING	ATED TO THE	2	roul		
ERTIFIC	19A. DATE OF	OPERATION 198. CON WAS PER		WHICH OPERATION	20A. AUTOPSY? (Yes	or No) 20B. IF YES, WERI	E FINDINGS CONSIDERED
CE	21 A. ACCIDE	NT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE	DID (tl in Bottime	ore City, give exoct locotion)
AL		TING CAUSE OF	hom etc.)	e, form, factory, street, of	fice bldg., INJURY OCC		
U	DEATH (HOTHLY	medical examined 250	2	1212	el l	Time	
EDI	OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?	
2	(APPROX.)	2000		le Al Not While		Zanes	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Fine	Wor	k L Mark			- Parl
	22. I certify	that (I) (this hospita	i) attended th	e deceased from	4-22	1966 to	ton 26 1961.
	that (I) (we)	last saw the decease	ed alive an	pou 25	19.6.7	and that in (my) (aur) a	pinion death accurred on the date
	that (1) (we) last saw the deceased alive an						
	23A. SIGNATA		red obove. (I) (we) (wa) (ala nat) v	lew the body offer d	eatn.	LOOP DATE SIGNED
	23A. 310NA	011	Δ			- C. II -	23 B. DATE SIGNED
	8.0	1. Achum	unak	M.D. Atte	mding Med. Director	Stoff Phys.	Jan. 28-1967
	23C. PHYSICIA				23D. ADDRESS		
	NAME (T	Emmanuel Schi	munek	M.D.	8L2 East Ave	. Baltimore, 1	Md. 21224
24A		MATION, 248. DATE		ME of CEMETERY or CRE			City, town, or county) †Stote)
P	urial	1/30/6	7 St.	Stanislaus Ce	meterv	1	Baltimore, Md.
		BY HEALTH DEPT.	258. NAME O		25C. FUNERAL DIR		ADDRESS
234	. DAIL KEED	O. HEALIN DEFT.	250. HANE U	7 A			
		TOOL OCT	D.0 50	TO DESTRUCTION	John de Di	ma Inc. 2829	Hudson St. Balto. Md
VS	150-REV. 1/1	AN 30 1901	Thomas		. 0		

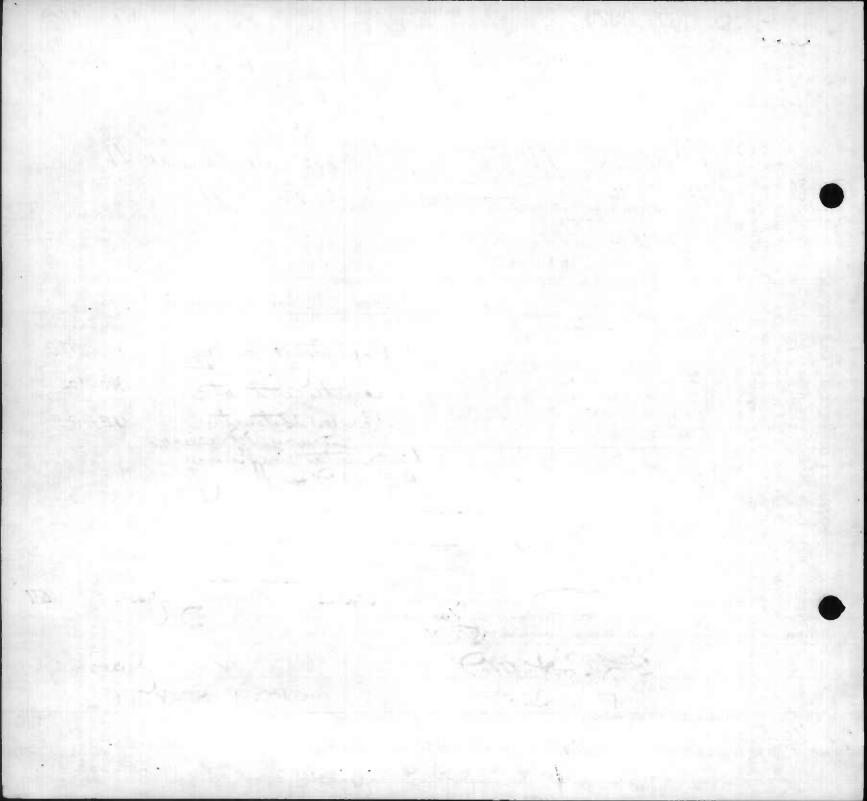
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FUNERAL DIRECTOR: IMPORTANT	er.	ar
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was Deceased.	t to
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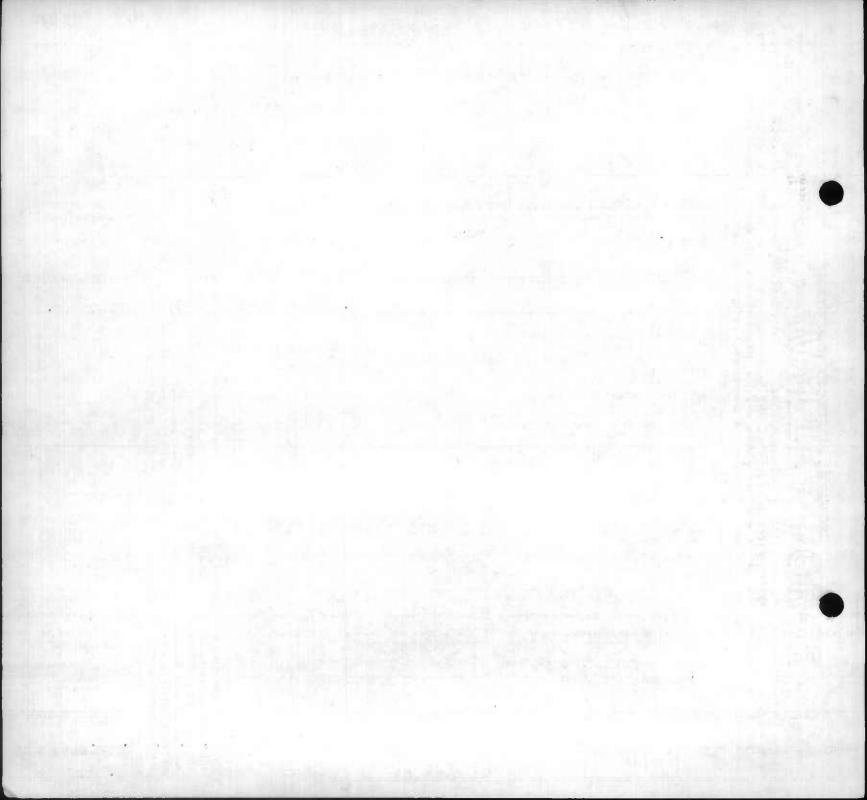
(B)	1 67 000m	BALTIMORE CITY	HEALTH DEPARTMENT		CM ODDE	
	M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	57 0927	
	1. NAME OF DECEASED CARL G. BONK (Type or Print) Bunk Con	- G.		19-67-	5-20 pm M.	
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. STATE	deceased lived, If inst	itutian: residence before admissian)		
	FULL NAME OF (If not in hospital or institution address or focation) INSTITUTION	C. CITY OR TOWN (If aux	side city limits, write RU	IRAL ond give township)		
5	3 Jalana Hanking	1. +.0		ural, give tocation)	DD.	
made		D, NEVER MARRIED (ED, DIVORCED (specify)	8. DATE OF BIRTH	ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	
2	10A. USUAL OCCUPATION (Give kind of work 108, KIND done during mast of warking life, even if retired)	Manuel OF BUSINESS OR INDUSTRY	10-31-27 11. BIRTHPLACE (Stote or foreign	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?	
2110		inental Can Co.	Maryland		U.S.A.	
Spo	Jaseph Bury	E	Inlici	Tool		
tinal disposition	15. Was Deceased Ever in U. S. Armed Forces? (Yes, a ar unknown) (If yes, give war ar dates of service Yes, Navy WWII	16. SOCIAL SECURITY NO. 212-24-8550	17. INFORMANT	1. # / o b o	ADDRESS	
or 11	18. 24 5 6 1 1	CAUSE OF	Wife, Agnes Bun	к., т. 4, а., 0, 0	INTERVAL BETWEEN ONSET AND DEATH	
0	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	in ne	ocardeal m	lass live	many tes	
E B	(This does not mean the mode of dying, e. heart failure, asthenio, etc. II means the diseasinjury or complication which caused deoth.)	ie,		ν,		
E	ANTECEDENT CAUSES	(B) COM	omany Tiles	desere		
ns are	DISEASES OR CONDITIONS, if any, giving the control of the control of the control of the condition of the con					
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
÷ he	19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED	R WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?	
before	OR CONTRIBUTING CAUSE OF	PIB. PLACE OF INJURY (e.g., in name, form, factory, street, of etc.)	or obout ETC. WHERE DID	(If in Boltimore	City, give exact lacation)	
ained	OF INJURY	TE INJURY OCCURRED While At Not While At Work	21 F. HOW DID INJU	JRY OCCUR?		
opte	22. I certify that (this hospital) attended					
+ pe	and hour and from the causes stated above. (1) (W) (did) (did not) view the bady after death.					
must	23A. SIGNATURE M.D. Attending Med. Stoff Physics Phys					
roval	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS					
approv	24A. BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specify)	NAME OF GEMETERY OF CRE	MATORY 240/LC	CATION GATY	, town, br caunty) (State)	
Ten	Burial Feb-1-1967	Baltimore, Nad		Baltimore, M	laryland 21228	
written	25A, DATE REC'D BY HEALTH DEPT. 25B. NAM	e OF REGISTRAR	JOHN J. DUDA;	Dundalk, Ma	ryland 21222	
- 1	VS 150-REV. 176511 30 1301					

James Talanty Cerceteth Monaca The same of the sa Tow 25 . 1967 THORNESS TWO POR PROPERTY PARTY TO LOT 6 9 B cher of here

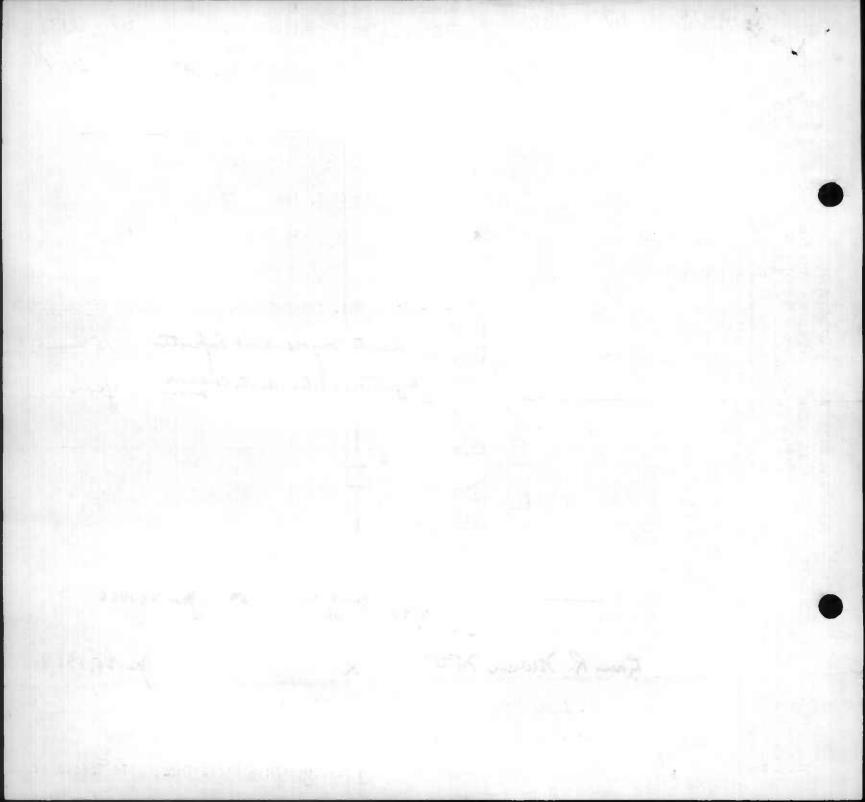
67 0929	BALTIMORE CITY	HEALTH DEPARTMENT		67 0000
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No	01 0060
M.E. CASE NO. 1. NAME OF DECEASED			ND HOUR OF DEATH	
(Type or Print) 9EOR9E	KELLY, JR		1-25-6	7 1:40 PN
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Wh.		titution: residence before admission)
FULL NAME OF (If not in hospital or institute of the control of th	tion, give street	c. city or town (If o	steide city limits, write RI	URAL ond give township)
INSTITUTION	, ,	Ball		10-01
MORCY HO	spital.	D. STREET ADDRESS (III	rurol, give location)	N St
	RELECTION NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
m c	OWED, DIVORCED (specify)	7-26-95	lost birthdoy!	Totalins Days Troots Total.
OA, USUAL OCCUPATION (Give kind of work 10B, KIN lone during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer Una	employed	Unknown	***	
3. FATHER'S NAME unknown	n	14. MOTHER'S MAIDEN NA	ME.	
5. Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	David unknown		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of serv	vice) SECURITY NO.	Brown & Conno	na Marmaah	
18. 7 41 1 X 4 1 D 27 5 Y		OF DEATH	ts waynest	oro, Ga.
DISEASE OR CONDITION DIRECTLY			0 1	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying,	e.g., DUE TO	Cesperalory+	archas	Minutes
heart failure, asthenia, efc. It means the dis		1,00	west	3/01/15/5
ANTECEDENT CAUSES	(B)	acute ast	tmoter	Moolas
DISEASES OR CONDITIONS, if ony, g	jiving	Promis Oly	austine.	UFART
rise to the obave couse (A) stating UNDERLYING CONDITION last.	file (C)	Tirway.	Dueans	7-11100
Z II CONTRIB	Line	tic contre The	Dicincy	000
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE	-CUD + 1	1	YEARS
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	O) 208, IF YES WERE FI	INDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21 C, WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	office bldg., INJURY OCCUR?		
DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)	White At Not White Work At Work			
22. I certify that (I) (this hospital) Ittend	ded the depeosed from	april	19 63 to	Jan 25 19 69
that (I) (we) lost saw the deceased alive				ion death occurred on the dat
ond hour and from the couses stated abo	ve. (I) (We) (did) (dld not)	view the body ofter death.		23 B. DATE SIGNED
FAICA 1	M.D. Att	ending Med. Director	Stoff Phys.	Jan 256
23C. PHYSICIAN'S NAME (Type)	57 M.D.	23D. ADDRESS MERC	cy Hosi	PHA
24A. BURIAL CREMATION, 24B. DATE 2 REMOVAL (Specify)	4C. NAME of CEMETERY OF CR	EMATORY 24D.	LOCATION (City	y, town, or county) (Stote)
	Job Springs	Cemetery	Waynesbor	o. Ga.
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	R	. Calvert St.
VS 150-REV. 1/JAN 30 1967	Jos Stalley MA	0.0.0	, 3011 (67) 11	
		and the second s		



67 0930	BALTIMORE CITY	HEALTH DEPARTMENT		67 0930
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	07 0930
1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
(Type or Print)	/	1 - 7	8-67	17:05 ALL
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whore A. STATE B. COUNT	deceased lived. If institu	ution: residence before admission)
FULL NAME OF (If not in hospitot or institution,	givo street	C. CITY OR TOWN III outs		
HOSPITAL OR oddress or location) INSTITUTION				AL ond give township)
3		D. STREET ADDRESS (II II	curol, givo locotion)	25-01
S 11 2 -11 - P	111-11	D. SIKEEL ADDRESS (III II	irol, give locolloni	2.11 10/2
5. SEX GRACE IZ MARRIED.	NEVER MARRIED	B. DATE OF BIRTH 9	AGE (In years I	Under 1 Yr. If Under 24 Hrs.
WIDOWED	DIVORCED (specify)	7-11-1907	ost birthdoy)	Under 1 Yr. If Under 24 Hrs. Onths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country)	2. CITIZEN OF
done during most of working tile, even if retired)	77.0 74 79	Mariland		WHAT COUNTRY? U.S. A
Vogel'S (AVENN Ta	ve n n	14. MOTHER'S MAIDEN NAM	E	0 B A
11. 17.2		at II		
15, Was Deceosed Ever in U. A Armed Forces? (Yes, no or unknown)(If yes, givo wor or dotos of service)	1 6. SOCIAL	17. INFORMANT	y Ellen Beswi	.ck ADDRESS
(Yes, no or unknown) (If yes, givo wor or dotos of service)	SECURITY NO.		3 3 3 3 6 6	4
No l	CAUSE O	Mr. Norman Voge	1502	Battery Age.
DISEASE OF CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	Rus	LABOOMINAL)	M of Aosta	
(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease,	(This does not mean the mode of dying, e.g., DUE TO			
injury or complication which caused death.)				
ANTECEDENT CAUSES	(B)	######################################	PPO 888 8800 0 PPO 4 40 8 4 4 4 4 6 8 9 9 9 9 9 4 9 4 9 4 9 4 9 4 9 9 9 9 9	
DISEASES OR CONDITIONS, if any, giving				
rise to the above couse (A) stating the UNDERLYING CONDITION lost.	(C)	\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0 \$ 0 0 0 m a 0 \$ 0 a m a a a \$ a a a m m a a a a a a a a m m a a a a a a a a a a a a a	
l l				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
DISEASE OR CONDITION CAUSING IT.	-	120 A 22 200 (W N N N	200 45 450	
₩AS PERFORMED	wereignald al	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSE	S OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B.		n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exoct locotion)
■ DEATH (notify medical examiner) otc.	e, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
OF INITIAL (Month) (Doy) (Yoor) (Hour) 21E.	INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
₹ (APPROV)	le At Not Whi			
Wol			17.	- 7 2 - 70 / 7
22. I certify that (1) (this haspital) ottended the that (1) (we) last saw the deceased alive on	1 70	1	67 to 1	-73 1967,
			TIN(my) (aur) apinia	n death accurred an the date
and hour and from the couses stored abave. (1	/ (me) (did not) v	riew the body after death.	los	B, DATE SIGNED
Jose Hokerias		ending Mod.	itoff -	
23C PHYSTELANS	Phy	s, Director F	hys.	1-28-67
NAME (Type)	M.D.	c 11 0 11	1213 4494	+ 21
24A. BURIAL CREMATION, 124B. DATE 124C.NA	ME of CEMETERY OF CR	South Balto	CATION - FI	ospital
REMOVAL (Specify)		EMATORY 24D. LO	CATION (City,	town, for county) (State)
Burial 1 31 1967	Cedar Hill	Bro	oklyn, A. A.	Co. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME C	O T A	25C. FUNERAL DIRECTOR MC Cully		
VS 150-REV. 1/1/65	- TO Buffe	0 0 7 0		130 E. Fort Ave
A2 120-KEA: 1/ 1/ 02	N 400	3 0 2 W W		



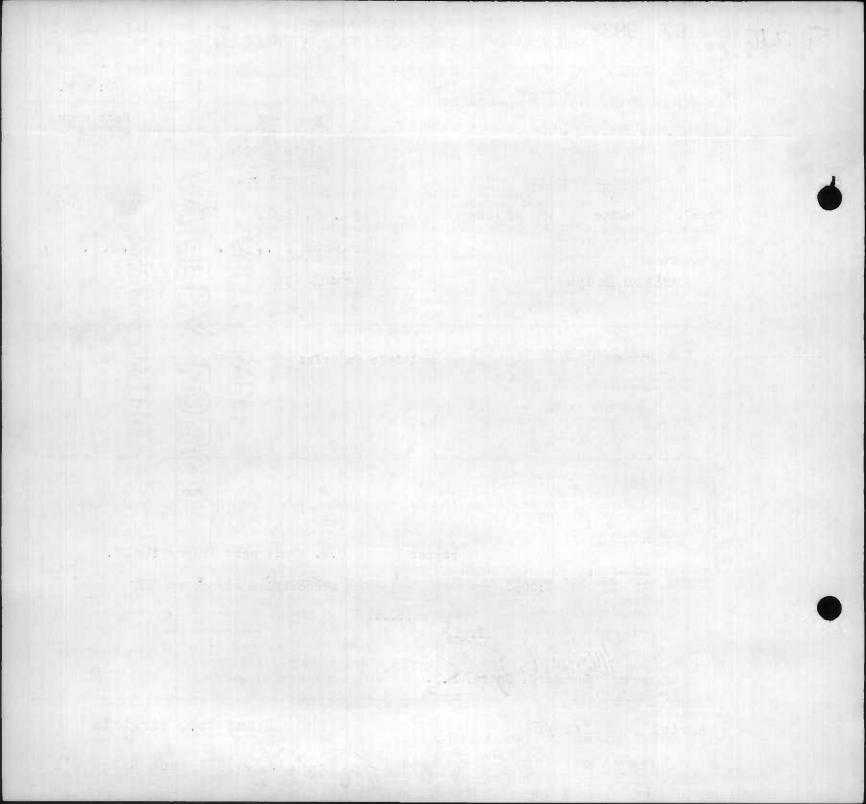
CP 0001	BALTIMORE CIT	Y HEALTH DEPARTMENT				
BIRTH NO. 67 0931	CERTIFICA	ATE OF DEATH	Registered Na.	67 0934		
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)			HOUR OF DEATH	7.570		
Max Cohen 3. PLACE OF DEATH IN BALTIMORE, MARYLAN	ID	4. USUAL RESIDENCE (Where	1 24 1967 deceased lived, If in	stitution: residence before admission)		
		A, STATE B. COUNTY				
HOSPITAL OR oddress or lacotion)	SPITAL OR oddress or lacation)			Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township)		
INSTITUTION		Baltimore		27-16		
2:			ol, give location)			
Sinai Hospital		2858 Edgecomb Circle South				
6. RACE 7. M.	los	AGE (In years at birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
OA. USUAL OCCUPATION (Give kind of work 108, K	Married IND OF BUSINESS OR INDUSTR	April 2, 1883 Y 11. BIRTHPLACE (Stote or foreign	country)	12. CITIZEN OF		
done during most of working life, even if retired)	Dotind	New York City	,	WHAT COUNTRY?		
Bookkeeper 3. FATHER'S NAME	Retired	14. MOTHER'S MAIDEN NAME		usn		
Abraham Cohen		Eva Sadowsky				
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of s	1 6. SOCIAL	17. INFORMANT		ADDRESS		
44		Mrs Ethal Cala	212 10E0 E.	daggawh Cinala Sout		
18. 4 00 / I	216-09-6339 CAUSE C	OF DEATH	CIL, 2000 EC	dgecomb Circle Sout		
DISEASE OR CONDITION DIRECTLY				CHICCT AND DEATH		
LEADING TO DEATH	(A)	cuti myrcardio lenin + arteriorcher	a enjarer	m /5 minute		
(This daes nat mean the made of dying heart failure, asthenia, etc. It means the d	1	- 0				
injury or camplication which caused death	desin + arlenescher	Ce Cardin Co	yens			
ANTECEDENT CAUSES			J			
rise la lhe abave cause (A) station						
UNDERLYING CONDITION last.						
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	IBUTING TO THE					
	N FOR WHICH OPERATION	20A. AUTOPSY? IYes ar Nai	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inofify medical examiner)	21B. PLACE OF INJURY le.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., NJURY OCCUR?	(If in Boltimore	e City, give exact location)		
O 21D. TIME (Manth) (Day) (Year) [Hou	11) 21E, INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?			
OF INJURY	While At Not Wh					
22. I certify that (1) (this hospital) attended the deceased fram gune 6, 1959 to 2028, 1966 19						
that (1) (we) last saw the deceased ali-	11/200	1966 and that	in(my) (swe) api	nion deoth accurred an the date		
ond haur and fram the causes stated ab			(32)			
23A. SIGNATURE	1			23B, DATE SIGNED		
Louis K. Ma	ser m. D. M.D. At	tending Med. Str.	off	Jan. 25, 1967		
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		1		
	Maser M.D.	2724 Smith	Alenue			
24A, BURIAL CREMATION, 24B, DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CI			ty, town, or county) (Stole)		
Burial 1/26/67	Hebrew Friendsh	ip B	altimore,	Maryland		
25A. DATE RECOUNTY HEALTH DEPT. 25B. N	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS		
1301 (Police	JE , STENSONA O	psolo Levinson &	Bros. Inc	., 6010 Reisterston		
VS 150-REV, 1/1/65	1	9				



VS 151-REV. 1/1/

8521 Loch Raven B'1va

24C. FUNERAL DIRECTOR

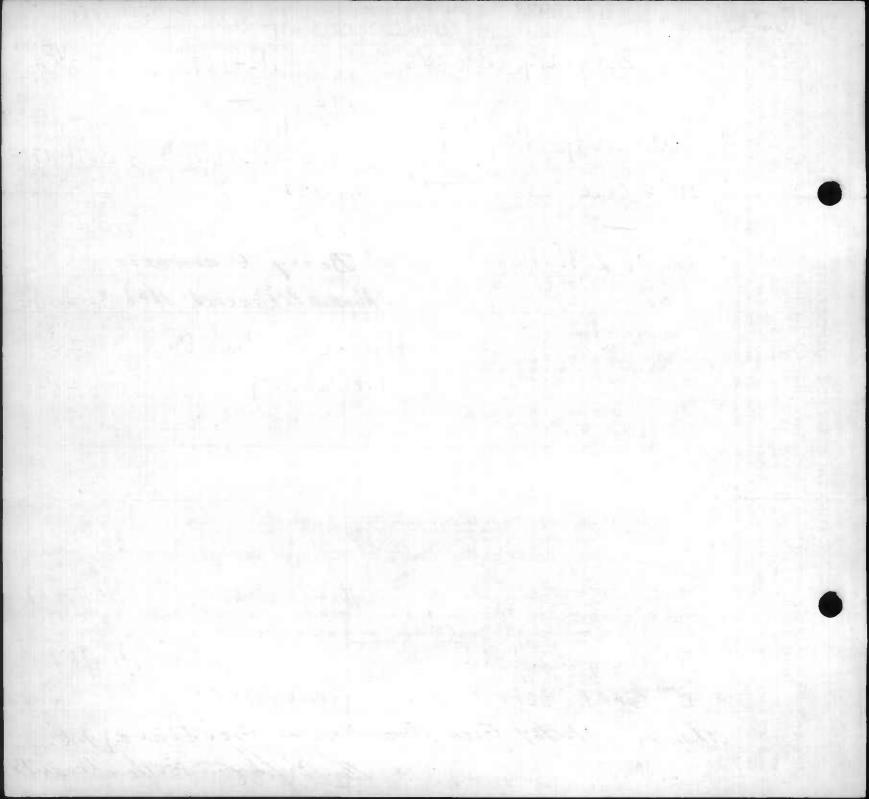


BALTIMORE CITY HEALTH DEPARTMENT

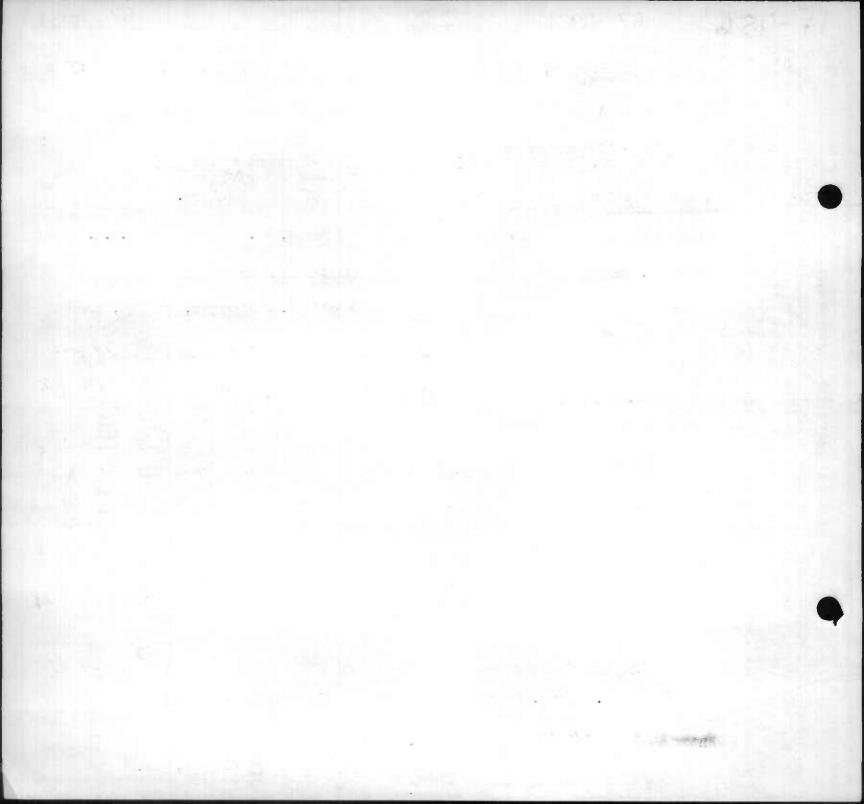
BIRTH NO.

VS 150-REV. 1/1/65

Registered No.

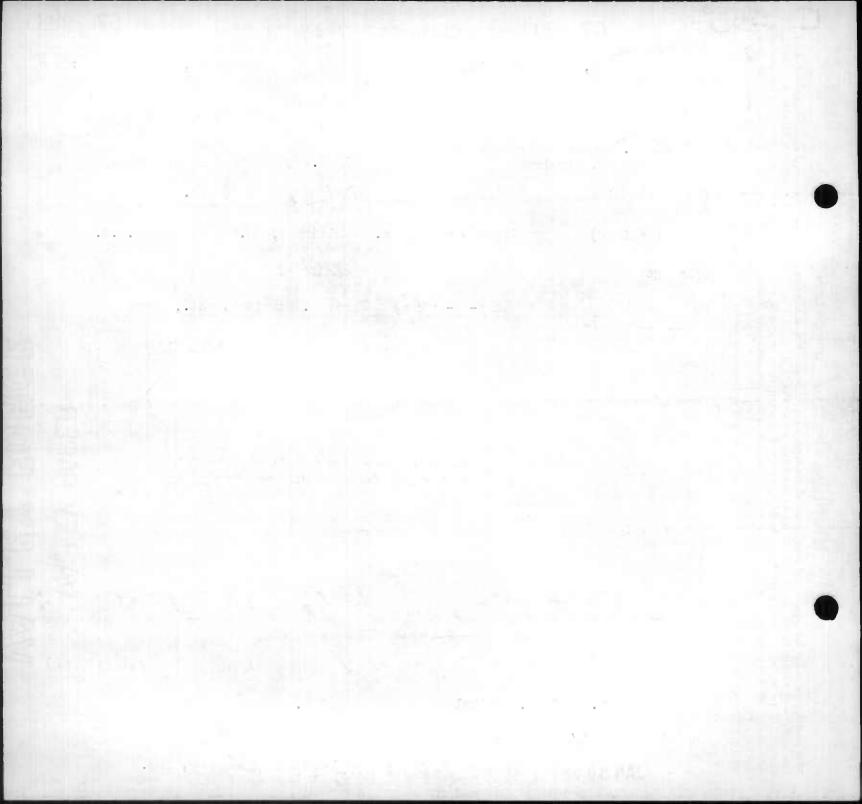


	CM 0004		BALTIMORE CIT	Y HEALTH DEPARTMENT		67 0934
RTH NO.	67 0934		CERTIFICA	ATE OF DEATH	Registered No.	07 0001
NAME OF DE	CEASED		021(11110)		ND HOUR OF DEATH	
vne or Print)		errin —	7 173			7 8-20 -
PLACE OF D	Hallameyer	Ine	lma mma	TA USUAL RESIDENCE (Wh	ere deceased lived, It is	7 8:30 a
TEACE OF D	Edili III shallivione ivi	KILAIID		A. STATE B. COU	NTY	
FULL NAME			an, give street	Maryland		
HOSPITAL OR	ddress or location	in)		C. CITY OR TOWN (If a	utside city limits, write	RURAL and give township)
n				Baltimore		26-03
33:	19 Cliftmont	venue		176	I rural, give lacotion)	
Ba	ltimore, Mary	Land	21213	3319 Cliftmo	nt Avenue #	13
SEX	6. RACE	7. MARR	IED, NEVER MARRIED WED, DIVORCED (specily)	B. DATE OF BIRTH	9. AGE (In years last birthday)	II Under 1 Yr. If Under 24 H Manths: Days Haurs Min.
emale	white		rried	11/29/97	69 yrs.	
	CUPATION (Give kind of war		OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or for		12. CITIZEN OF
at the	of working life, even if retired)			D		WHAT COUNTRY?
Housewi:		at	home	Baltimore, M	d	U.S.A.
FATHER'S NA	AME			14. MOTHER'S MAIDEN NA	AME	
George 1	B. Schutz			Lillian Late	her	
Was Decease	ed Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT	1101	ADDRESS
es, na ar unknav	wn) (If yes, give war ar dat	es at servi	SECURITY NO.	0. 5		
no	1				allameyer, h	usband, above
18.	00 XI		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION D		77	12	12 41	10 111
(21)	LEADING TO DEATH		WP.	Drowchal	Muna	10 902
	not meen the mode o e, asthenio, etc. It meen					10 yes 1 week
injury ar co	omplication which couse	d deoth.)	A	acute Beau	Julie	1 week
	ANTECEDENT CAUSE	S	(B)			
DISEASES	OR CONDITIONS, if	any, giv	ring			
	the above cause (A) NG CONDITION last.	staling	the (C)	gwyng-4-gngg- nnnnnnnnnnnnnnnnnnnnnnnnnnnnn		
ONDERLIN						
S OTHER SE	NIFICANT CONDITIONS	CONTRIBLE	TING O	0	. 1 .	E
TO THE	DEATH BUT NOT REL	ATED TO	THE W-17	Carcho voca	lae oureace	Jac.
I DISEASE O	OF OPERATION 198. CO		OR WHICH OPERATION	20A. AUTOPSY? (Yes or)	(a) 20B IF YES WERE	FINDINGS CONSIDERED
		RFORMED		no	IN CERTIFYING CA	USES OF DEATH?
19A. DATE O	DENT WAS UNDERLYING		218 PLACE OF INTURY (e.g.	in or about 21 C WHERE DID	Uf in Roltimor	e City, give exact location)
OR CONTRI	BUTING CAUSE OF		hame, form, factory, street,	in or about 21 C. WHERE DID alfice bldg., INJURY OCCUR?	th the bollinot	e city, give exoct idealion.
DEATH (not	ify medical examiner —	no-	etc.)			
21 D. TIME	(Manth) (Day) (Year	(Haur)	21 E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)			While At Not WI	hile		
	() () () () () () () ()	15	YV OIK AT YV OI	тк —	20 (11=	1 21
22. I certi	ty that (I) (this haspite	11) attende	ed the deceased from	1.4		1-26 1967
that (I) (w	e) last saw the deceas	ed alive	on	19 <i>@Z</i> and s	that in (my) (our) api	inian death accurred an the
and haur a	and from the causes sto	ated abav	e. (I) (We) (did) (did nat)	view the body after death	•	
23A. SIGNA	TURE					238. DATE SIGNED
6	Hal sh	2000	M.D. A	ttending Med. Director	Stoff Phys	1-27-67
23C.PHYSIC	IAN'S			23D. ADDRESS	Phy s.	, -, -,
NAME		J. Mod	res		air Road #1	3
		0 1100	ores M.	DIOS DETA	all noad #1.)
REMOVAL	REMATION, 24B. DATE	240	C. NAME of CEMETERY OF C	REMATORY 24D.	LOCATION (C	ity, town, or county) (State
Mg. 2 4	7/20/	57	Lorraine Pk. Ma	muslosus	Maryland	
En combine 5A. DATE REC	D BY HEALTH DEPT.		ME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
	151100	0 -	. O T O	Schimunek Fu	neral Home.	
	JAN 30 1967	07.00	The State Holl	3331 Brehms	lane #13	
S 150-REV. 1/	1/65	A STATE OF THE PERSON.	The state of the s		*	



2-20	3/	-			O.	BALTIMORE CIT				67	0935
ath sed the och		M.E	CASE NO.	67 09	30	CERTIFICA	ATE OF I		Registered No	() (0000
deat deat cease on th			AME OF DECEASED	e,	Freder	ick			anuary 25, 19	967	4:25 p M
of of Oce		3. P	LACE OF DEATH IN BA		LAND		A. STATE	B. COU!	ere deceased lived. If in: NTY	stitution; residenc	e before admission)
3 70 0		1	ULL NAME OF (If I IOSPITAL OR odd	ot in hospitol or ress or locotion)	institution,	give street	c. city or		utside city limits, write R	URAL ond give	township
l in a ng cau cause; attend	0	0	818 N. P.	tterson	Park A	venue	D. STREET A		rurol, give location)	-/-	03
D.= L	6		Baltimore	, Maryla	nd	21205	818 N	. Patter	rson Park Ave	enue #5	
contribut contribut etermined n regular	mad	5. s			MARRIED,	NEVER MARRIED D, DIVORCED (specify) OWED	9/14/8	O CONTRACTOR OF THE CONTRACTOR	9. AGE (In years lost bighdoy)	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
con con ced	n is		USUAL OCCUPATION (B. KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLA	CE (State or fore	eign country)	12. CITIZEN O	
deat or Undeas in	ţ.		(Retired		apizzi	o Clothing Co		imore, 1		U.S.A.	
P C C d	00	13.	FATHER'S NAME				14. MOTHER	S MAIDEN NA	ME		
4 4	lispo		ohn Ege		_		Rosal				
istant he di kind; death ce on	0	15. (Yes	Nas Deceased Ever in U ,no or unknown) (If yes, gi	S, Armed Force ve wor or dotes	s? of service)	16. SOCIAL SECURITY NO.	17. INFORMA	NT		ADD	RESS
発表するら	fina	r	.0		21	5-09-4932	Marie	E. Harr	ison, dght.,	above	
if if any ced	0		1B. 4421	X			OF DEATH			ONSE	VAL BETWEEN T AND DEATH
of of the	Pe		DISEASE OR CO	NOTION DIRE	CTLY	(1)	rdio- re	val-vas	cular disease	5	w.
F . D O L	balm		(This does not mean heart failure, asthenia,	elc. Il means Il	ne disease,	DUE TO					**************************************
miner fract o pr	me		injury or complication ANTECED	WNICH COUSED O	eoin.)	(B)	************	n ga n naon è n è e e e e e e e e e e e e e e e e			
A f	0		DISEASES OR CONE	ITIONS, if ar	ıy, giv i ng	DUE TO					
= 3 0 € E .E	ns a		rise Ia The abave UNDERLYING CONDI		laling lhe	(C)					60 30 ** ** 80 6 ** 9 ** ** 9 * 7 0 * * * * * 0 * 0 * 0 * 0 * 0
medical nedical burns; physicia	remain	ATION	OTHER SIGNIFICANT C TO THE DEATH BI DISEASE OR CONDITION	IT NOT RELAT	NTRIBUTIN ED TO TH	G Sembly of	dar dise	d arteri	a glowented	,	
chief a m Body the p	e the	RTIFIC	19A. DATE OF OPERATIO	N 198. COND	ITION FOR	WHICH OPERATION	20 A. AUTO	OPSY? (Yes or N	o) 20B. IF TES, WERE IN CERTIFYING CAL	FINDINGS CON USES OF DEATH	SIDERED 1?
the (2)	befor	UV		NDERLYING AUSE OF	21 B hon etc.	PLACE OF INJURY (e.g., ne, form, foctory, street,	in or obout 21C. office bldg.,	WHERE DID	(If in Boltimore	City, give exoc	t locotion)
oved by e hospitor nature; cept wh	ained	MEDI	21 D. TIME (Month) OF INJURY (APPROX.)	(Doy) (Year)		INJURY OCCURRED ille At Not Whenk At Work	ile	HOW DID IN	JURY OCCUR?		
E	-	1.1		4 . 4			87 . 1	-	/ / A	4.	/ "

22. I certify that (1) (this hespital) attended the deceased from that (1) (we) lost sow the deceased alive on ond that in (my) (opinion death accurred on the date and hour and fram the couses stated above. (1) (We) (did) (did nat) view the body after death. 23B, DATE SIGNED 23A. SIGNATURE au. 17,1967 Attending Phys. Med. Director Stoff Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS Dr. Louis C. Dobihal M.D. N. Kenwood Avenue 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) 1/28/67 7 Loudon Park Cemetery
258. NAME OF REGISTRAR 256. 1 Burial Maryland Schimunek Funeral Home, Inc. 3381 Brehms Jane #13 25A. DATE REC'D BY HEALTH DEPT. ADDRESS VS 150-REV. 1/1/65



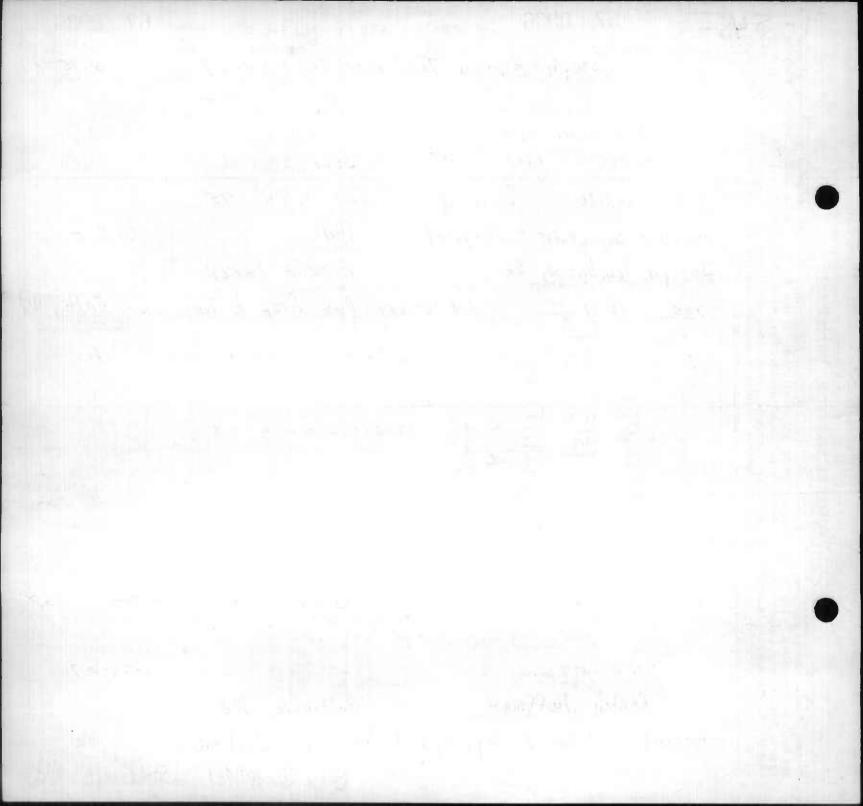
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67	0936

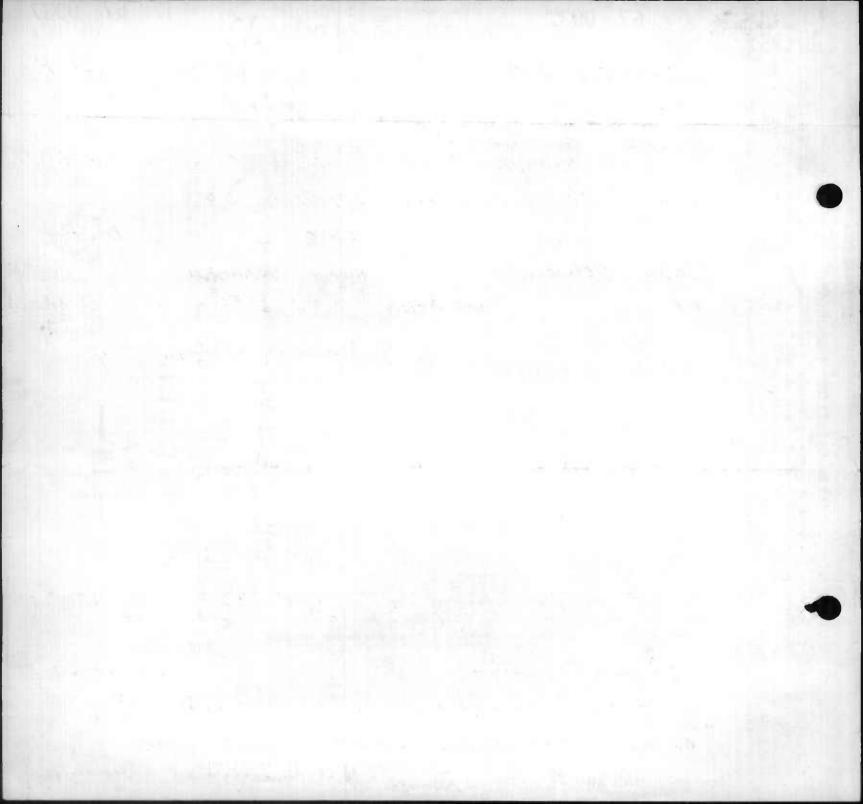
BALTIMORE CITY HEALTH DEPARTMENT

Registered No.	67	0936	
ND HOUR OF DEATH			-

BIRT	H NO.	CERTIFICA	TE OF DEATH	Registered No	(1/2 ().)
	AME OF DECEASED		2 DATE AND	D HOUR OF DEATH	
	2: 1	Anson Tomlin	150N, JR. 1-21	4-67	12:15 Am.
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	e deceesed lived. If in: TY	stitution; residence before admission)
	FULL NAME OF (If not in hospitel or institut	ien, give stieet	C. CITY OR TOWN (If auts	side city limits, write R	URAL and give township)
	NARULANDER Aut) S .	BAHIMORE	and only mining, while it	12-122
0	MARYlander Apt: 3501 St. PAUL	Stonet	D. STREET ADDRESS (If r	ural, give lecation)	1
	3301 St. 1401	Street		PAUL Str	
5. S	Male White wing	NED, NEVER MARRIED (Specify)	June 30, 1891	9. AGE (In years last birthdey)	Il Under 1 Yr. If Under 24 His. Menths Deys Heurs Min.
10A den	USUAL OCCUPATION (Give kind of work 10 B, KIN) during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stete at fareig	gn country)	12. CITIZEN OF WHAT COUNTRY?
13	SSISTANT Superntendent	Hospital	11d.	AF	U.S.A.
1	Toseph Tomlinson, SR	•	AMANDA B	1	
	Was Declased Ever in U. S. Armed Ferces? Sine er unknawn) (If yes, give war ar dates ef servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	Yes W.W.I.	219-36-1643	Mes. AnnA	K. Tomlins	ON - BAlto. Wd
	18.	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	no no	backet and	0	111
	(This does not mean the made of dying,	e.g., DUE TO	astatic gulmonery	Warma	190:
	hearl failure, asthenia, etc. II means the dise injury or complication which coused death.)	ase,			
	ANTECEDENT CAUSES	(8)		and the state of the	ieddenn er (m. 4 dddd 20 000 000 00 00 000 000 000 000 0
	DISEASES OR CONDITIONS, if any, gi rise to the above cause (A) stating	ving the (C) Olous	- Carcenora of	colon	
	UNDERLYING CONDITION lost.		U U		
z	OTHER SIGNIFICANT CONDITIONS CONTRIBL	ITING			
ATION	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
ERTIFIC	19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes er Ne	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nelify medicel exeminer)	21B, PLACE OF INJURY (e.g., in hame, farm, fectory, street, etc.)	n ai about 21C. WHERE DID INJURY OCCUR?	(If in Beltimere	City, give exect lecetien)
1 5	21D. TIME (Month) (Dey) (Yeer) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
ME	OF INJURY (APPROX.)	While At Net While At Werk			
11	22. I certify that (I) (this hospital) attend	ed the deceased from	6-17 1	1965 10 /	- 23 1967,
	that (1) (we) lost sow the deceased alive	on /-/5	19 63 7 ond the	ot in (my) (our) opin	nion deoth occurred on the date
	and hour and from the causes stated above	e. (1) (We) (did) (did not) v	view the body ofter death.		
	23A. SIGNATURE			_	238, DATE SIGNED
	Keleken Moffgnan	Phy	s. Director	Steff Phy s.	1-24-67
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	AA)	
244	Keoben Hottmi	M.D.	BAltimore	Ind.	75:11
124	REMOVAL (Specify)	C. NAME of CEMETERY OF CRI	A LORT 24D. LO	OCATION (Ci	ly, tewn, er ceunty) (Stete)
0.5	BUTIA 1-26-67	springfield	cemetery B	Altimore,	IVIa '
254	A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	11 - 01	APPRESS



	67 0027	BALTIMORE CITY	HEALTH DEPARTMENT		67 0937
100	TH NO.	CERTIFICA	TE OF DEATH	Registered Na.	
1,	PLACE OF DECEASED PLACE OF DEATH IN BALTIMORE, MARYLAND	ignet	2, DATE AN		8.30 P.M.
	FULL NAME OF HOSPITAL OR Oddress or tocohon) INSTITUTION (If not in hospital or institution, goodgress or tocohon)	sing Home	c. CITY OR TOWN (II outs	side city limits, write RUR	AL ond give lownship)
1	0 1501 Oulleland	15treet 2 # 21216	8218 01	ruol, give location)	nd Point Rd
5.		DIVORCED (specify)		9. AGE (In years lost birthday)	f Under 1 Yr. If Under 24 Hrs. Norths Doys Hours Min.
	A, USUAL OCCUPATION (Give kind of work 108, KIND OF one during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
1	B. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	a o / ·
	JOHN POLLOCK		ANNA ST	RAPKA	
1:0	(s, Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of service)	16. SOCIAL SECURITY NO. 063-18-9974	Tr. INFORMANT Dulle la y of non		561 Dulle force
1	18. 465 XI	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) F	Immary	En bolin	i dec
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO			
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	G E			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121B.	WHICH OPERATION	20A. AUTOPSY? (Yes or No.	10 DESTIFYING CAUS	DINGS CONSIDERED ES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. hom CONTRIBUTING CAUSE OF Home etc.	e, form, foctory, street, of	or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore C	ity, give exoct locotion)
	21D. TIME (Month) (Doy) (Year) [Hour) 21E.	INJURY OCCURRED ile AI	21F. HOW DID INJ	URY OCCUR?	168
	22. I certify that (1) (this hospital) attended th	he deceased fram	11-4 1	19 66 to	1-23 1967
	that (1) (we) last saw the deceased alive an			at in(my) (aur) apinio	an death accurred an the date
	23A. SIGNATURE			2:	3 B. DATE SIGNED
	Thomas W. Han			Stoff Phys. 2	1-24-67
	23C.PRYSICIAN'S NAME (Type)	POIS M.D.	AP) (K)	2. 10	lo-
2	THOMAS VY. HA 4A. BURIAL CREMATION, 24B. DATE 24C. NA	AME of CEMETERY OF CRE	MATORY 24D. Le	OCATION (City,	town, or county) (Stote)
2	BURIAL 1/26/67 / FSA. DATE REC'D BY HEALTH DEPT. 25B. NAME C	or REGISTRAR	Parth B 25C. FUNERAL DIRECTOR	alto m	ADDRESS
	JAN 30 1967 0 9	10/ JO	J. D. Comie	elly Som	300 Mare
٧	3 130-KEV. 1/1/63 0 0 1001 UD 300	" and depolar and not	V	U	



	FUNERAL DIRECTOR: IMPORTANT	IMPORTANT
This certificate must be approve	This certificate must be approved by the chief medical examiner or his assistant if death oc	or his assistant if death oc
the body was released to the ho	the body was released to the hospital by a medical examiner. Also, if the direct or cons	Also, if the direct or con
shows: (1) An accident of any na	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undeterr	re of any kind; (4) Undeterr
was D.O.A. at a hospital (excep	was D.O.A. at a hospital (except where the physician who pronounced death was in rej	nounced death was in re
deceased prior to death); and (deceased prior to death); and (6) No physician was in regular attendance on the deceas	attendance on the deceas
written approval must be obtain	written approval must be obtained before the remains are embalmed or final disposition is	Imed or final disposition is

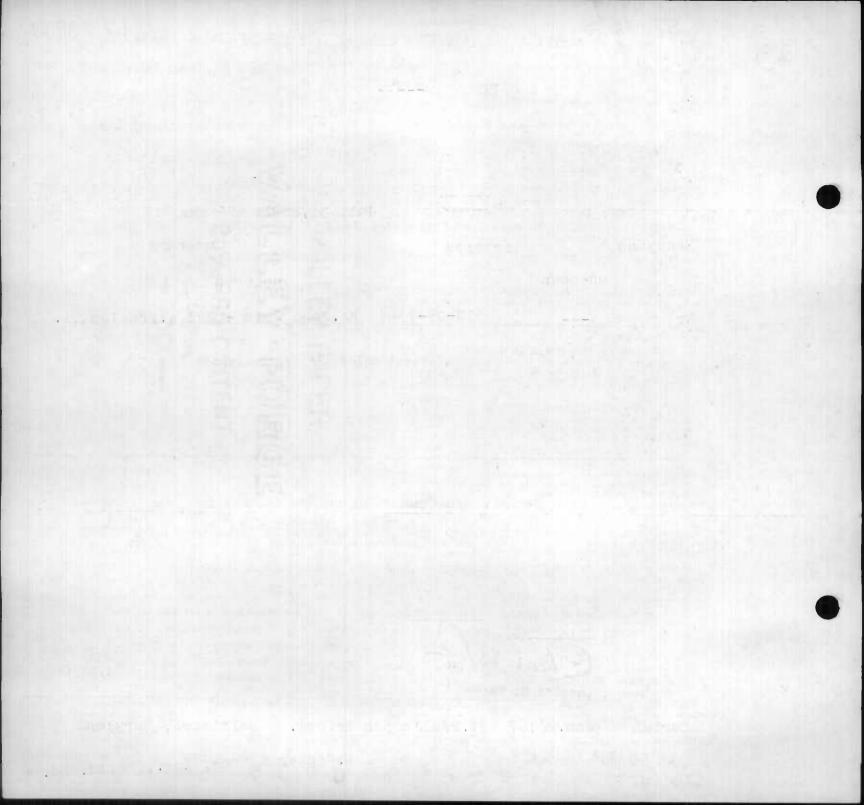
0 1	67 0938 BALTIMORE	CITY HEALTH DEPARTMENT 67 0938
C. C.	Патн No. 67 0938 CERTIF	CATE OF DEATH Registered No. 67 0938
and ased the Such	M.E. CASE NO. 1, NAME OF DECEASED	2, DATE AND HOUR OF DEATH
0 0 0	(Type or Print) NOWAKOWSKI MR. JOS	EPH) 1.27.1967 13.55 PM
of do	3. PLACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. If institution; residence before odmission)
	or react of peans in partitions (Manieries	A. STATE B. COUNTY
hos (5) an de	FULL NAME OF (If not in hospital or institution, give sheet	MD.
a he aus e; (; nda to d	HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
0 8 0	01110011 11000	BALTIMORE 6-02
ra r	3 CHURCH HOME & HOSP.	D. STREET ADDRESS (If turol, give locotion)
outied ar ar de.		202 N. LUZERNE AVE.
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (speci	8. DATE OF BIRTH 9. AGE (In years If Under 1 YI. If Under 24 His. Months: Doys Hours Min.
O TE DO S	M WIDOWED, DIVORCED (speci	3.8.00 67
rer red red	16A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY?
de in de inioi	MACHINIST BETHLEHEM	STEL GERMANY AMR
de Cura de	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
# \$ € ¥ £ 6		
dir di, (dir dis		
ind; ind; eath e on	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
th th ki	No 213-07-15	56 CHURCH HOME + HOSP.
if if it or for for f		ISE OF DEATH
his of an once	DISEASE OR CONDITION DIRECTLY	A AMA A A A A A A A A A A A A A A A A A
Also e of control of c	LEADING TO DEATH	Tail myscarshor marchae
0 0 0 0	(This does not mean the made of dying, e.g., DUET heart lailure, asthenia, etc. It means the disease,	°III
er. ct. ct.	injury ar camplication which coused death.)	MATIAL STOMPNIA
פון	ANTECEDENT CAUSES (B)	wanty showed
A A P	DISEASES OR CONDITIONS, if any, giving	Down of the Or of part Failure
9 X 6 E	rise to the above couse (A) stating the (C)	langestine (1 mg/ ample)
s ins	UNDERLYING CONDITION lost.	
di icc icc sic sic Na	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
hy hy rer	E TO THE DEATH BUT NOT RELATED TO THE	lluisi)
TE Y G in a	DISEASE OR CONDITION CAUSING IT.	
Boogson his	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING GALLES OF DEATH?
by by 2) E re t ph) fore	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF home, form, foctory, str	(e.g., in or obout 21C. WHERE DID (If in Baltinore City, give exact location) eet, office bldg., INJURY OCCUR?
the alb; (2) here loploplosefo	OR CONTRIBUTING CAUSE OF home, form, foctory, str	eet, office bldg., INJURY OCCUR?
A Z d	D 21D. TIME (Month) (Doy) (Yeo) (Hou) 21E, INJURY OCCURRE	V OVE HAM DID IN HAM A CENTRAL
- K 3 6 6	UP OF INJURY	D 21F. HOW DID INJURY OCCUR?
roved he ho y nat xcept and (6	(APPROX.)	Work U
	22. I certify that (I) (this hospital) attended the deceased fram	1-18 1967 10 1-21 1967,
dpp to t far far (); ()	that (I) (we) last saw the deceased alive an 1-2-	7 19 6 7 and that in(my) (aur) apinian death accurred an the date
0 0 5 7 7	and haur and fram the causes stated above. (1) (We) (did) (did	
t be a sed t ent of spital eath, ust b	23A. SIGNATURE	23B, DATE SIGNED
must eleas rcide a hos to de al mu	MARTON M.D	Attending Med. Stoff
E C C C C C C C C C C C C C C C C C C C	22C PHYSICIANS	Phys. Director Phys.
as rate at at rior	23C. PHYSICIAM'S NAME (Type)	23D. ADDRESS D A W
was was A. at prio	Dr. 18/ 13 Mess	M.O.
E S C E	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
body was ws: (1) An D.O.A. of eased price then appropriately	BURIAL 1/31/67 OAKLAWN	CEMETERY BALTIMORE Md.
	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
This the I show was dece	JAN 30 1967 (1. Part & Farburns	B. Pubacusti 2818 E. Baltimore St.
	VS 150-REV. 1/1/65	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3

ante through bearing United Stevenson Failer DAM B KILLE & H - H!

67 0939

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67

M.I	E CASE NO.								
1. I	NAME OF DEC	EASED				2. DATE AND	HOUR PRONOUNG	CED DEAD	
,	Je or Timb	EDGAR	ESTI	EP ESTE	R	Januar	y 22, 1967	12:30 1	P M.
FUI	LACE IN BALT L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU		A. STATE Mary	VN (If outside	eceosed lived. If ins B. CO	stitution: residence before odm	
	3 12 M	lason Court			D. STREET ADD	timore RESS (If rurol, g Mason Co		Annual Section	
5. 5	EX	6. RACE		NEVER MARRIED	8. DATE OF BIRT		9. AGE (In years	If Under 1 Yr. If Under 2	
	ale	White		OIVORCED (Specify)	July 31		75 xxx	Months, Doys, Hours	Min.
		PATION (Give kind of working life, even if retired) 18.1		BUSINESS OR INDUSTR	YIII. BIRTHPLACE	(State or foreign	unkno	12. CITIZEN OF WHAT COUNTRY?	
	FATHER'S NAM		n i		14. MOTHER'S M	unkr	OWN		
		D EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	GILLI	10 W 11	ADDRESS	
(Yes	No	(If yes, give war or dote	es of servicel	212-09-754	Mr.Jo	hn Ruth	- 301 W	V.Preston St.	
ERTIFICATION	(This does repeated to the control of the control o	ISE OR CONDITION DI LEADING TO DEATH had meen the mode of osthenio, etc. It means inplication which coused INTECEPENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) S AG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE TOONDITION CAUSING TOONDITION CAUS	dying e.g., the disease, death.) S NNY, GIVING TATING THE CONTRIBUTII	(B) DUE TO (C)	osclerotio	Heart I	isease.		
CERT	19A, DATE OF	OPERATION 198. CON WAS PER		WHICH OPERATION	20 A. AUTOPSY		OB. IF YES, WERE F N CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?	
EDICAL	UNDERLYING	L CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. hame etc.)	PLACE OF INJURY (e.g., form, foctory, street,	in or obout 21C. V	WHERE DID (IF	in Boltimore City,	give exact location)	
Σ	OF INJURY (APPROX.)	(Month) (Day) (Yea		VHILE AT NOT AT V	WHILE VORK	OM DID INJUI	Y OCCUR?		
		URE		Suicide Suicide M.D.	de Homici CHIEF M	ide Unitedical EXA	AMINER X	DATE SIGN	IED
RE	Burial CRE MOVAL (Specify	Jan.2		St. Paul's	th Refor	m. B		, Maryland	tote)
	JAN 3	1967 R.C	24B. NAME	OF PROISTRAR		der &	Sons, Inc	ADDRESS C., Balto. Me	1.
VS	151-REV. 1/1/	65		yes, of street		and a			-



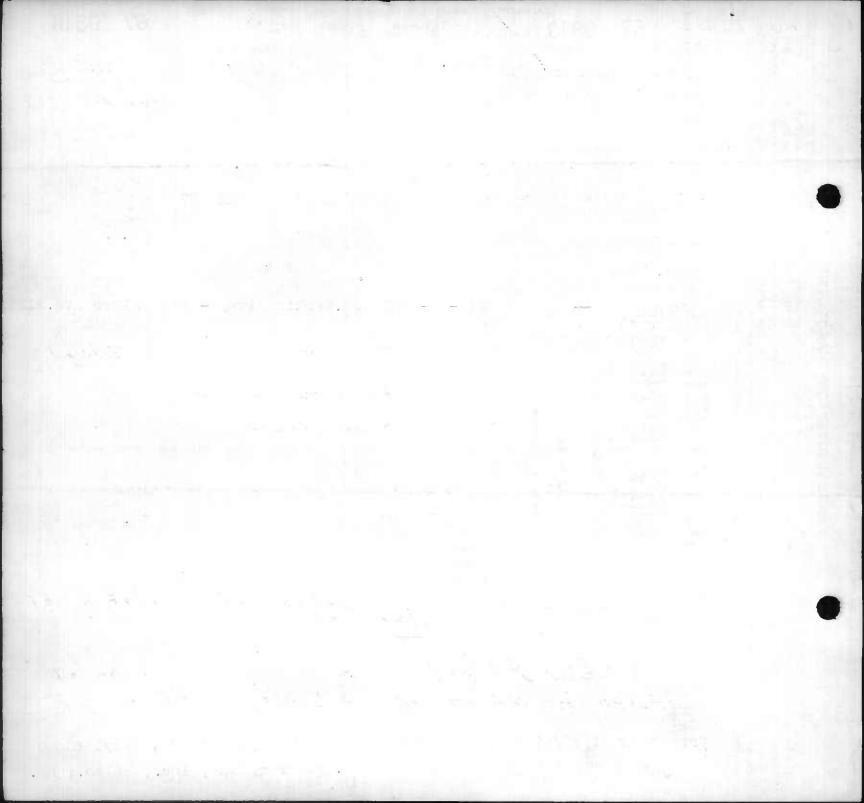
H. Sander

Sons, Inc., Balto.,

JAN 30 1967

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



IMPORTANT

FUNERAL DIRECTOR:

I. NAME OF DECEASED (Type ar Print)

5. SEX

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered Na.

MARYLAND

C. CITY OR TOWN

8. DATE OF BIRTH

Т	2	DATE	AND	HOUR O	F DEATH
	2.0	DAIL			, promin
			7 /0	0/10	

(If autside city limits, write RURAL

9. AGE (In years

/pe ar Print)		W.	ILLIAM	WEST
PLACE OF	DEATH II	BALTIMOR	E MARYLAI	4D

1/29/67 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

FULL NAME OF HOSPITAL OR

6. RACE

(If not in haspital ar institution, give street oddress or lacotion)

BALTIMORE CITY HOSPITALS 4940 EASTERN AVENUE BALTIMORE, MARYLAND 21224

BALTIMORE D. STREET ADDRESS (If rural, give lacation)

725 GEORGE STREET - 21201

WIDOWED, DIVORCED (specify)
MARR IED MALE NEGRO 10A. USUAL OCCUPATION (Give kind of wark 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar fareign country)

11/22/03

If Under 1 Yr. If Under 24 Hrs. Months Days

WORKER

NORTH CAROLINA 14. MOTHER'S MAIDEN NAME

12. CITIZEN OF WHAT COUNTRY? USA

6. SOCIAL

MARRIED, NEVER MARRIED

ADDRESS

HENRY WEST

15. Was Deceased Ever in U. S. Armed Farces?
(Yes, no or unknown) (If yes, give wor or dates at service)

SECURITY NO. DOM DI DING

	NO	077-01-9400 RECORDS: BCH, 4940 Eastern Av	e, Balto, Md. Z1ZZZ
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES	OUE TO Jangrene of leg	8 days
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION tost.	10) AS COD The lthe CVH	
CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT.	· parolice alure + petona	h)

WAS PERFORMED

PLACE OF INJURY (e.g., in or about 21 C. WHERE DID

IN CERTIFYING CAUSES OF DEATH? (If in Battimare City, give exact lacotian)

	OR CONTRIBU	ING	CAUSE OF	 hom
	DEATH (natify			etc.)
Ξ				

e. farm, foctory, street, office bldg., INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

(Manth)	(Day)	(Yeo
	(Manth)	(Manth) (Day)

21E. INJURY OCCURRED Not While

(APPROX)

23A. SIGNATURE

death);

must

approval

deceased prior

at

was D.O.A.

22. I certify that (1) (this hospital) attended the deceased from September 8, 1966 to January 29,

that (1) (we) lost saw the deceased alive on January 29, 19 67 and that in (my) (aur) opinion death accurred an the date and hour and fram the causes stated obove. (1) (We) (did) (did nat) view the bady after death.

23 B. DATE SIGNED 1/29/67

23C. PHYSICIAN'S NAME (Type)

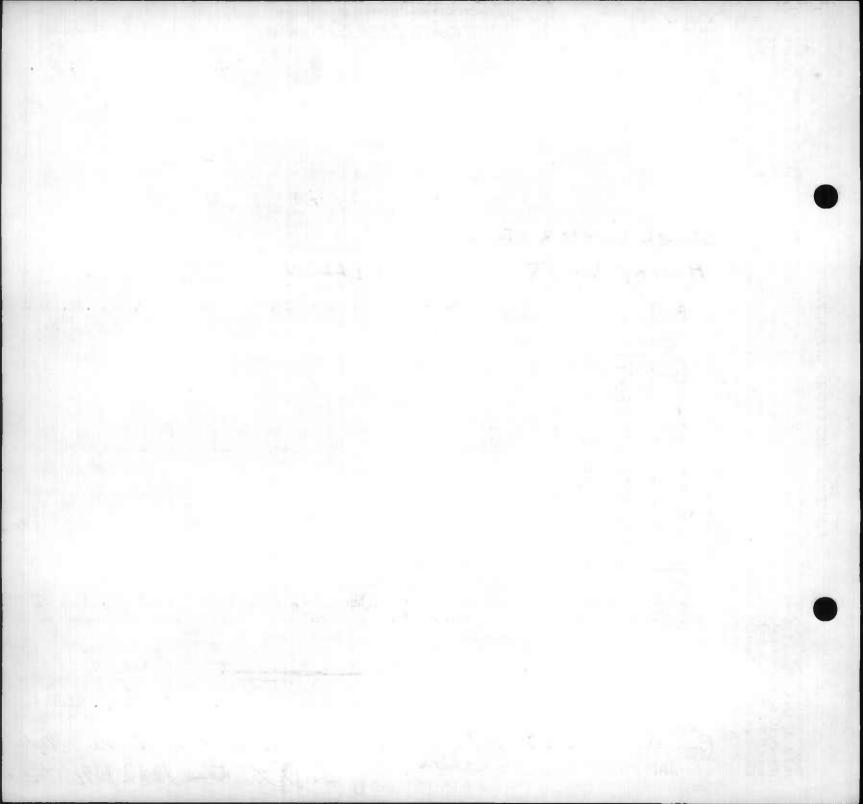
Attending Phys.

23D. ADDRESS BALTIMORE CITY HOSPITALS M.D. 4940 Eastern Avenue, Baltimore, Md. 21224

24A. BURIAL CREMATION.

25C. FUNERAL DIRECTOR

VS 150-REV. 1/1/65



DH

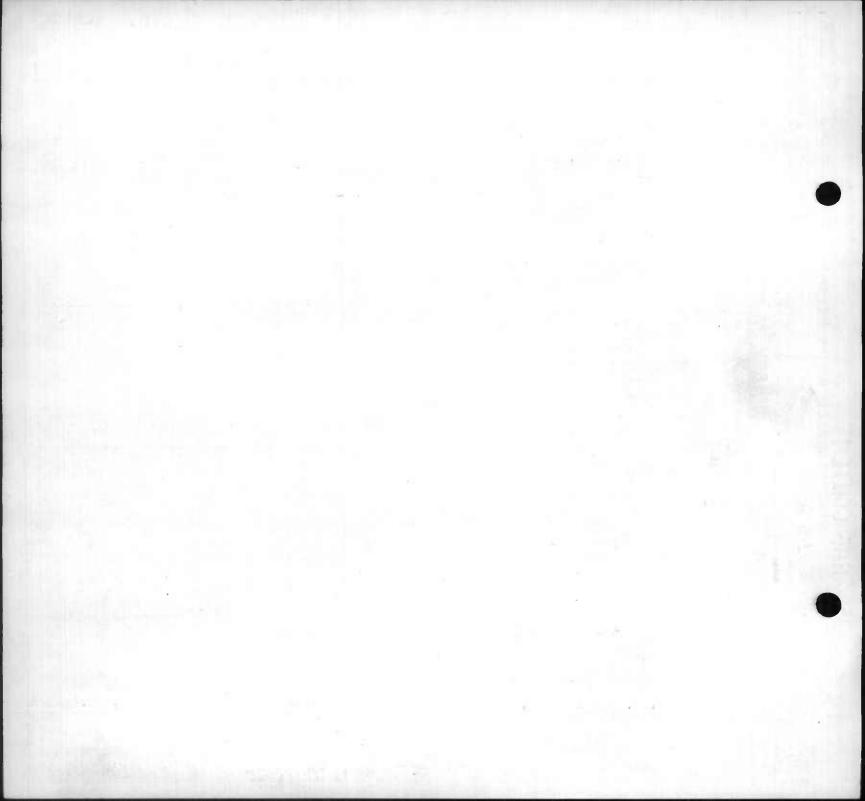
BIRTH NO. 67 0942		TE OF DEATH	Registered No	67 0942
1. NAME OF DECEASED (Type or Print) PRATT, Ba	nk	2. DATE A	128 64	10:30 AM
FULL NAME OF (If not in hospitol or oddress or locotion) INSTITUTION Baltimore City 4940 Eastern A Baltimore, Mar	institution, give street Hospitals Venue	4. USUAL RESIDENCE (Wh A. STATE B. COU Maryland C. CITY OR TOWN (IF o Baltimore	ere deceased lived. If ins NTY utside city limits, write R frurol, give lacation)	URAL ond give township)
5. SEX 6. RACE 7. Male Negro	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	3-7-00	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work) of done during most of working life, even if retired)	B, KIND OF BUSINESS OR INDUSTRY	Virginia	eign cauntry)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	EORGE	14. MOTHER'S MAIDEN NA		
15. Was Deceased Ever in U. S. Armed Farce: (Yes, na ar unknawn) (If yes, give war ar dates		17. INFORMANT RECORDS: BCH	4940 Eastern Baltimore, 1	Avenue #21224
DISEASE OR CONDITION DIRECT	CTLY	Respiratory D	rent biciene	INTERVAL BETWEEN ONSET AND DEATH 2 NRS
(This does not mean the mode of d heart failure, asthenia, etc. It means th injury or complication which caused do	ying, e.g., DUE TO	lessier Kung M		1-3mo

18./97.31	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH	g., Respiratory Insufficiency	
(This does not mean the mode of dying, e., heart failure, asthenia, etc. It means the disease injury or complication which coused death.)		
ANTECEDENT CAUSES	(B) Aliffiel Kung Metaetaser	1-3mo
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	19 Pholodonadora ana ana O bran	4 6-9 me
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE Hyoportinemed, anemia 20 (c) above	
	R WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN IN CERTIFYING CAUSE	
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	PIR. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare Clame, larm, factory, street, affice bldg., INJURY OCCUR?	ity, give exoct lacation)
OF INJURY	While A1 Not While A1 Work 21F. HOW DID INJURY OCCUR?	,
22. I certify that (I) (this hospital) attended		28/67 19
that (I) (we) lost sow the deceased alive or	A -	n deoth occurred on the do
	(1) (Ne) (did) (did nat) view the body ofter deoth.	
23A. SIGNATURES	M.D. Attending Med. Staff Phys. Staff	1 (28/67
23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS Baltimore City Hos	spitals
S. W. Douglas III,	M.D. 4940 Eastern Avenue Balti	imore, Md. #2122/
4A. BURIAL CREMATION, 24B. DATE 24C.	1 - 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	tawn, ar coupty) (State)
BURIAL 2-1-6/ N	AT AUBURN BAHIMORE	Md,
JAN 30 1967	5 E. Janey MAR 25C. FUNERAL DIRECTOR JOSEPH KWG-1+1 1639	IX BROADWAY

A A L 2 -/REC'D BY HEALTH DEPT.

JAN 30 1967

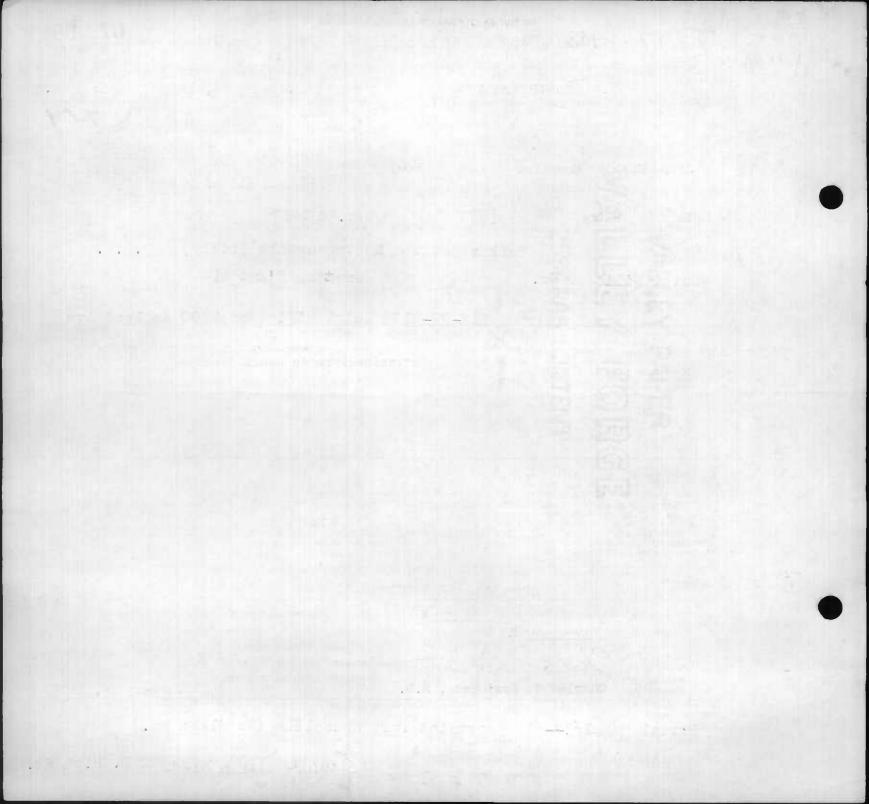
VS 150-REV. 1/1/65



BIRTH NO. 67 094MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 0943

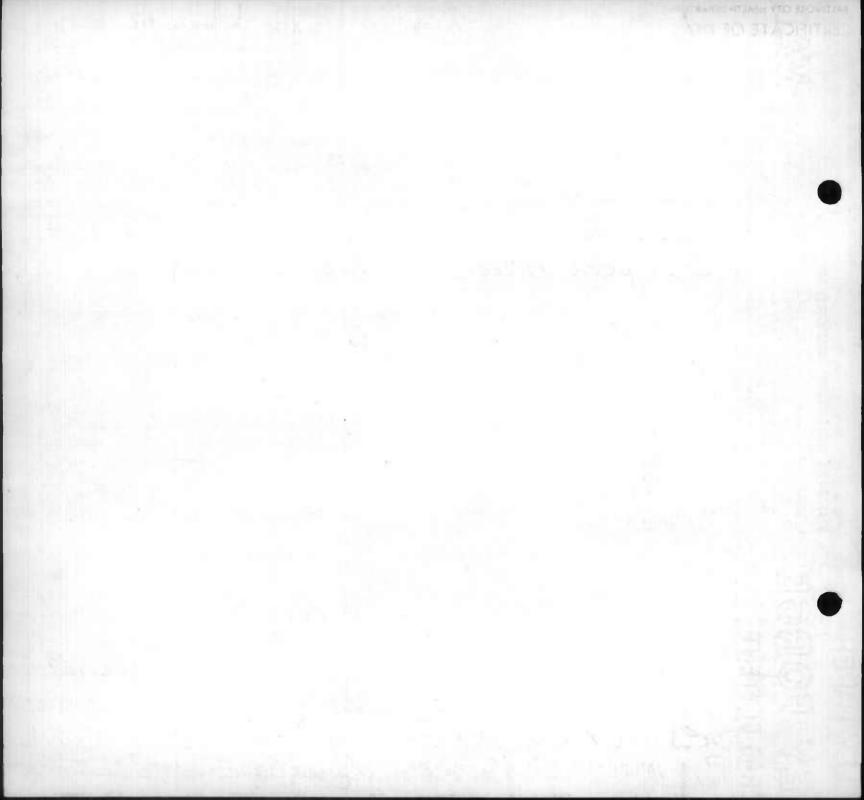
1) 4	10	Ò

M.	E CASE NO.									
1. (Îv	NAME OF DEC	CEASED					2. DATE AN	ID HOUR PRONOUNCE	D DEAD	
			PLAC	IDO MI	LIO		Janu	ary 26, 1967		5:30 A.M.
3.	PLACE IN BALT	TIMORE, MAR	LAND, WI	IERE PRONOL	JNCED DEAD	4. USUAL RESI	DENCE (Where	deceosed lived. If insti	tution: resid	
EII	LL NAME OF	(IE NOT I	N HOSPITA	L OR INSTITU	JTION, GIVE STREET		laryland	s. coo	1411	7-01
HC	SPITAL OR	ADDRESS	OR LOCA	TION)	JIION, GIVE SIKEEI	C. CITY OR TO	WN (If outside	de corporote limits, write	RURAL on	d give township
114	3111011014					ll B	altimor	e		
	Johns	Hopkins	Hospi	ta1	(DOA)	D. STREET AD				
	•		noopi		(2011)	2	800 F	Ashland Aven	110	
5. :	SEX	6. RACE			NEVER MARRIED	B. DATE OF BIR		9. AGE (In years	If Under	1 Yr. If Under 24 Hrs.
	Mala	Tib: +			DIVORCED (specify)	Oct.30	1 887	lost birthdoyl	Months	Doys Hours Min.
	Male	Whit		Marri	E BUSINESS OR INDUSTR	11. BIRTHPLACE	(State or fareign		12. CITIZE	N OF
don	ne during most of	working life, eve	n if retired)					/=-	WHAT	COUNTRY?
13.	FATHER'S NAM	AF		Bank	er Retired	Montagn	areale	(Italy)	U.S.	.A.
	7		a -							
1 5	Luigi	MILIO	SI		1/ 50.0141		na D'A	THOULT		
	WAS DECEASE s, no or unknown				16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
					212-22-4179	Luigi	Milia(Son)2800 A	ehl ar	ATTA
	18. // 2	0.0.			has after him him had	OF DEATH	20000	50:172500 2		INTERVAL BETWEEN
	42 DISEA		MITION DIE	CCTI V						ONSET AND DEATH
	DISCA	SE OR COND LEADING T	O DEATH	ECILI	Arte	riosclero	tic hea	rt disease		
	(This does	not meon the	mode of	dying, e.g.,	DUE TO	***************************************				
	injury or co	mplication which	ch coused d	e oth.)						
		NTECEDENT	CALISES							
		OR CONDITI		Y, GIVING	(B)					
	RISE TO TH	E ABOVE CA	USE (A) ST.	ATING THE	501 10					
z	ONDEREIN	TO CONDIN	OH LASI.		(C)			***************************************		
은		11				· · ·	-		\rightarrow	
X		NIFICANT CO								
프		R CONDITION			НЕ	***************************************		***************************************		
ERTIFICATION	19A. DATE OF	OPERATION			WHICH OPERATION	20A. AUTOPS	Y? (Yes or No)	208. IF YES, WERE FIN	IDINGS CO	ON SIDERED
O	0		WAS PERF	ORMED		N	o	IN CERTIFYING CAUS	ES OF DEA	ATH?
M	21 A. EXTERNA			21 B.	PLACE OF INJURY (e.g.,	in or obout 21C.	WHERE DID	Ilf in Boltimore City, giv	re exoct loc	cotion)
음	UNDERLYING UTING CAU			home etc.)	, form, foctory, street,	ffice bldg., INJU	RY OCCUR?			
MEDICA										
	OF INJURY	(Month) (D	oy) (Yeor)		1E. INJURY OCCURRED		IOM DID INTI	URY OCCUR?		
	(APPROX.)				VHILE AT NOT	ORK				
	22.	tify that I he	ld on In	auiev 🗆	Inspection X Au		-d 4b-4 4b	to boots doubt to o		
								is basis, death in m		
	resul	ted from: No	atural cau	ses X A	ccident Suicid	e Hamid	ide	Undetermined manne	r _	
	ACTUAL	1	1 1	1	1.0		MEDICAL EX	**		DATE SIGNED
	SIGNAT		wis	1.0	p Jak M.D	ASSISTANT I	MEDICAL EX	XAMINER A		
	EXAMIN	IFR'S	1			ASSOCIATE	MEDICAL E	XAMINER		
	NAME (, ,			ngate, M.D.				nuary	26, 1967
	MOVAL (Specify		B. DATE	23	C. NAME of CEMETERY	CREMATORY	23 D. L	OCATION (City,	town, or co	ounty) (Stote)
	Buria		1/30	67 T	orraine Pa:	rk Manac	leum (Woodlawn 1	(2.5)	
24/	A. DATE REC'D		DEPT.	DAD STABAL	OF BEGICTRAD		RAL DIRECTOR			DDRESS
	181	N 9 0 100	7 0	0 8-9	Farmina.	54				
	JAI	N 30 198	مال ال	Can	,	1210	with 5	alla hoee	522 S	. High St.
15	151-REV. 1/1/	65		1 1.3	. 7 13	00	1 /			



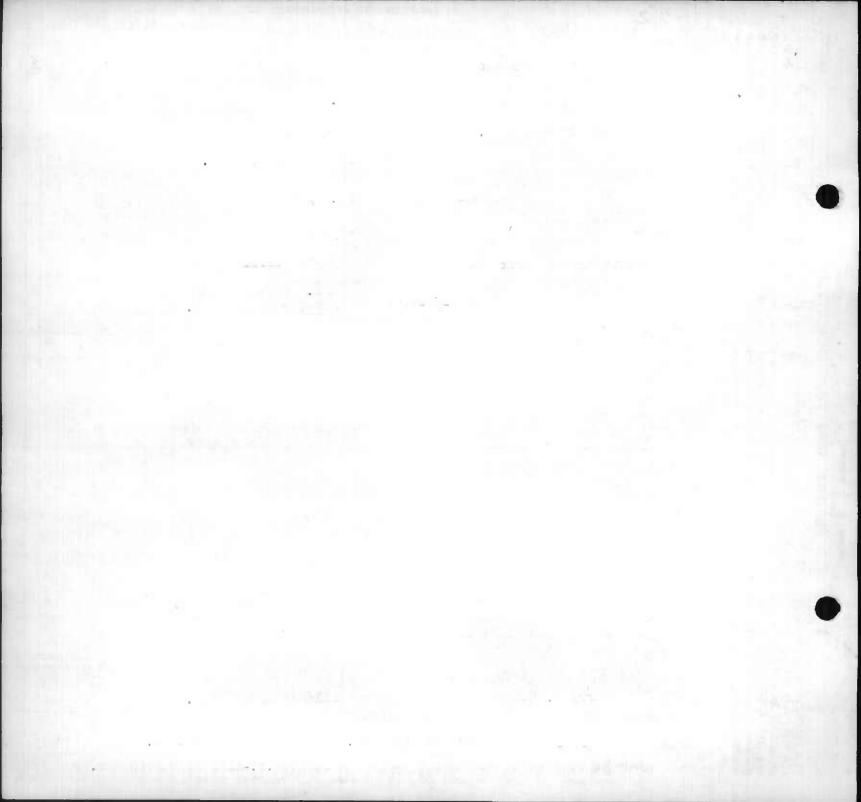
FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and
the body was released to the hospital by a medical examiner. Also, it the direct or contributing cause of death shows: (1) An accident of any nature: (2) Body burns: (3) A fracture of any kind: (4) Undetermined cause: (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the C
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

Ви	ALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO. 67 0944 C	ERTIFICATE OF DEATH Registered No. 67
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
BRICE HAINES	1/23/67 2 pm N
3. PLACE OF DEATH IN BALTIMORE, MARTLAND	4. USUAL RESIDENCE (Where docoosed lived/If institution; rosidonco before alimission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital ar institution, give stroo HOSPITAL OR address or tocotion) INSTITUTION	c. CITY OR TOWN (If outside city limits, write RURAL and give township)
INSTITUTION	D. STREET ADDRESS (If rural, give location)
LUTHERAN HOSPITAL DE M	GRYLAND 3025 WINDSOR AV.
5. SEX 6. RACE 7. MARRIED, NEVER WIDOWED, DIVOR	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINES	SS OR INDUSTRY 11. BIRTHPLACE (Stoto or foreign country) 12. CITIZEN OF
dane during most af working life, even if retired)	S.C. WHAT COUNTRY?
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME
Smarkon Bures	MEDLO Prosly
15. Was Deceased Eyer in U. S. Armed Farcos? 16. SOC (Yes, no or unknown) (If yos, give war ar datas of service) SEC	
SEC	Chari
18. 11 12 X	CAUSE OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A) DUE TO
heart failure, asthenia, etc. It means the disease,	BGE 10
injury or camplication which caused death,) ANTECEDENT CAUSES	(B)
DISEASES OR CONDITIONS, if any, giving	DUE TO .
rise to the abave cause (A) staling the UNDERLYING CONDITION tast.	(C) Vienna
UNDERCTING CONDITION last,	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE A	SCVD and Encephalogaty
OTHER SIGNIFICANT CONDITIONS CONTINUOUS TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH CONTINUOUS PERFORMED 218. PLACE	OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBITING CALLSE OF Lame form	OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimare City, give exact location) factory, street, affice bldg., INJURY OCCUR?
DEATH (notify modical examiner)	nacion, since, diffee order, into an occor.
OF INJURY Manth (Day) (Year) (Hour) 21E. INJURY While At	OCCURRED 21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work	Not While At Work
22. I certify that (I) (this haspital) attended the dece	ased from JAN 17 1967 to JAN 23 1964
that (16 (we) last saw the deceased alive an	N 23 19 6) and that in(my) (aur) apinian death accurred an the data
and haur and fram the causes stated above. (1) (We) (
23A. SIGNATURE	238, DATE SIGNED
Journa Kil Kim	M.D. Attending Med. Stoff Phys. Stoff Phys. Stoff
23C. P.V. SICIAN'S NAME (Type)	23D. ADDRESS
YOUNG KILL	SIM M.D. LUTHERAN HOSPITAL OF MARYLAN
24A. BUTIAL CREMATION, 24B. DATE 24C. NAME of	CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stole)
Durial 1-27-67 111X	Galvary Com W. U. U.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGIS	
JAN 30 1967 R. C. S. E.	Jaymen Jandere 2176. Treston O
VS 150-REV. 1/1/65	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the FUNERAL DIRECTOR: IMPORTANT

.E. CASE NO.			CERTIFICA			
NAME OF D	E C E A S E D)-7			AND HOUR OF DEAT	
	Sarah P		10		JAN 27,	1967 4:301
FULL NAME		or institution,	give street	4. USUAL RESIDENCE () A. STATE B. CO	Where deceosed li√ed. If DUNTY	institution: residence before odmi
HOSPITAL O	R address or lacation	n)		C. CITY OR TOWN (I	f autside city limits, write	e RURAL and give tawnship)
	407 Old Orcha	rd Road	l e	Baltimore		
/				D. STREET ADDRESS	(If rural, give lacation)	
				407 Old Or	chard Rd.	
SEX F	6. RACE Wh	Widow		B. DATE OF BIRTH Oct. 8/86	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Months Days Haurs N
	CUPATION (Give kind of work	108. KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	fareign country)	12. CITIZEN OF WHAT COUNTRY?
Housewi	of warking life, even if retired)			Maryland		USA
FATHER'S N	AME			14. MOTHER'S MAIDEN	NAME	
	Salvatore De	Marco		Maria -		
	ed Ever in U. S. Armed Formum (If yes, give was ar date		SECURITY NO.		derick Quille	address
			216-54-3721		Orchard Rd.	
18. 4	201/1		CAUSE OF	FDEATH		ONSET AND DEAT
DISE	ASE OR CONDITION DIR	RECTLY		1	1	ONSE! AND DEAT
	LEADING TO DEATH		(A) acu	ite coronar	arenz	
	nat mean the made of		DUE TO	Jechnown	U	
	e, osthenia, etc. It means omplication which coused	-				
	Diliplication Willell Cooses	deam./			0	
		deam./	(B) Core	many anten	sclerose	i
	ANTECEDENT CAUSES		(B) Cou	onany arten	selerose	
DISEASES	ANTECEDENT CAUSES OR CONDITIONS, if	ony, giving	/	many anten	Vanda Vasa	
DISEASES	ANTECEDENT CAUSES	ony, giving	/	nang arten	Sendo Vasa	2 ,
DISEASES	OR CONDITIONS, if the obave cause (A) NG CONDITION last.	ony, giving	/	nang arten	Seleroza andw Vasc alessan	2 .
DISEASES iise ta UNDERLYI OTHER SIG	OR CONDITIONS, if the obave cause (A) NG CONDITION last.	ony, giving stating the	(c) arte	nang arten	Scherose Cando Vase Clissose	2.
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	9630	BALTIMORE CIT	Y HEALTH DEPARTMENT	67 0946		
	H NO. 57 094	6 CERTIFICA	ATE OF DEATH Registered			
1. N.A	AME OF DECEASED of Print) GRADDY, RI	CHARD EUGENE	JANUARY 29,			
FL	NSTITUTION WILKENS	S HOSPITAL of or institution, give street from E CATON AVENUES	A. STATE B. COUNTY MARYLAND - BAKTIMO C. CITY OR TOWN III outside city limits, v. BALTIMODE 21207	RE		
0	BALT IMOR	RE, MD. 21229	D. STREET ADDRESS (If rurol, give locotion 1411 KIRKWOOD ROAD	n)		
5. SE	ex 6. RACE MALE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday) 10-09-32 34	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min,		
	USUAL OCCUPATION (Give kind of weather the during most of working life, even if retired MANAGEMENT		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
13. F	FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
	RICHARD		RUBY (SEARS)			
15, W (Yes,	Was Deceased Ever in U. S. Armed ,,no or unknown) (If yes, give wor or d NO	Forces? oles of service) 16. SOCIAL SECURITY NO. 355-24-1305	Mrs. Hichard Graddy-Same ST.AGNES HOSPITAL -			
1	18.330XI	CAUSE	DF DEATH	INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION LEADING TO DEAT (This does not meen the mode	H (A) JN	TRACRANIAL HEMORRHA	GE 20 DAYS		
	hearl failure, osthenia, etc. It meo injury ar camplicotian which caus ANTECEDENT CAUS	ns the diseose, led death.) ES (B) P	ROB. RUPTURED CERE NEURYSM.	BRAL 20 DAYS.		
	DISEASES OR CONDITIONS, in the lotter of the above course (A UNDERLYING CONDITION last,		VEURYSM.			
ATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING	ELATED TO THE	a			
RTIFIC		ONDITION FOR WHICH OPERATION PERFORMED	NO 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, V	VERE FINDINGS CONSIDERED CAUSES OF DEATH?		
_	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner)	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID IIf in Bo	ltimore City, give exact location)		
ā	21D. TIME (Month) (Doy) (Yes		21F. HOW DID INJURY OCCUR?			
	(APPROX)	While At Not Wh				
1	22. I certify that (X) (this haspital) oftended the deceased from JANUARY 09, 19 67 to JANUARY 29, 19 67 that (X) (we) last sow the deceased alive an JANUARY 29, 19 67 and that in (X) (our) apinion death accurred an the date					
		itated above. XIX(We) (did) XIX XX)) apinion death accurred an the d		
l L	23A. SIGNATURE	Total above. William (and Maria Maria	view the bady after death.	23B, DATE SIGNED		
	Thammon	r Remonely M.D. A.	tending Med. Staff Phys.	1/29/67		
	23C-PHYSICIAN'S NAME (Type)	M.D		WILKENS & CATON A		
	T. PENROACH	24C, NAME of CEMETERY OF C	SI, MUNES HUSE HAL	BALTIMORE, MD. 21 ICity, town, or county) IStote)		
24A.	REMOVAL (Specify)					
В	Burial 2-4-6	Masonic and Odd 1	Fellows Benton, I	Ilinois		

IMPORTANT FUNERAL DIRECTOR:

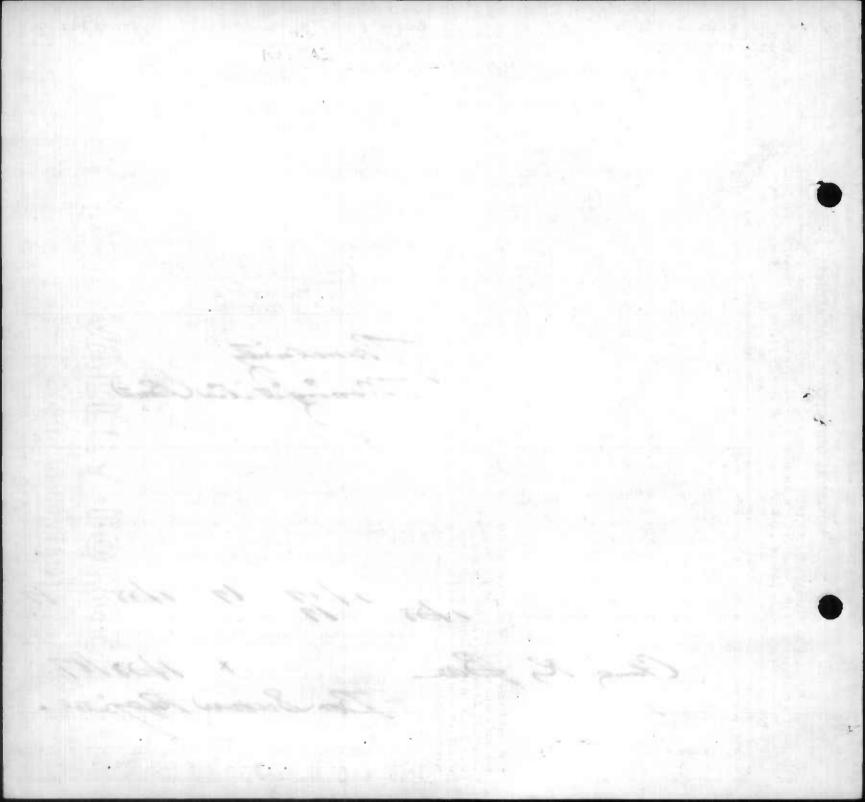
BALTIMORE CITY HEALTH DEPARTMENT Registered Na BIRTH NO. r if deoth occurred in a hospital and irect or contributing cause of deoth (4) Undetermined couse; (5) Deceosed Such on the M.E. CASE NO.

1. NAME OF DECEASED
(Type or Print) 2. DATE AND HOUR OF DEATH Jon Michael Weal lived. If institution: residence before admission) deoth. IN BALTIMORE MARYLAN USUAL RESIDENCE (Where deceased DEATH ottendance A. STATE B. COUNTY Md. FULL NAME OF (II not in hospital or institution, give street CITY OR JOWN (If outside city limits write RURAL and give township) INSTITUTION prior (If rural, give location) 1402 Kirkwood Road mode. regulor 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. deceosed WIDOWED, DIVORCED (specily) lost birthdoy Months Doys 10 IGA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR) HPLACE (State 12. CITIZEN OF foreign country) WHAT COUNTRY? disposition done during most of working life, even if retired) = WOS 4. MOTHER'S MAIDEN NAME the 13. FATHER'S NAME the direct assistant deoth E O kind; 15, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 6. SOCIAL ADDRESS finol SECURITY NO. Mr. Michael Weal attendonce 1402 Kirkwood Rd. ony INTERVAL BETWEEN pronounced CAUSE OF DEATH 1B. 0 ONSET AND DEATH his DISEASE OR CONDITION DIRECTLY embolmed frocture of LEADING TO DEATH (This does not mean the mode of dying, e.g., DILL 0 heart failure, asthenio, etc. It means the diseose, the chief medical examiner injury or camplication which caused death.) regul ANTECEDENT CAUSES ho ore 4 DISEASES OR CONDITIONS, if ony, ₹ ල rise to the above couse (A) stoling the physicion UNDERLYING CONDITION last. before the remoins medicol burns; physician wos OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (2) Body 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED the 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? CERTIF to the hospitol by 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF °Z MEDICAL DEATH (notify medical examiner) etc. ony noture; be approved by obtoined 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While (APPROX.) Work At Work puo 22. I certify that (I) (this hospital) attended the deceased from and that in (my) (aur) opinion death occurred on the date pe that (I) (we) last saw the deceased alive an.... An accident of death) hospitol the body was released and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. must 23A. SIGNATURE 23B. DATE SIGNED certificate must Attending Phys. M.D. Med. 0 Director approvo 0 23D. ADDRESS 23 C. PHYSICIAN'S prior at NAME (Type) shows: (1) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF EREMATORY eceosed D.0 REMOVAL (Specify) written Baltimore, Md. 1-28-67 Loudon Park Cem. Burial MOS 25A, DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Witzke F.D. 101 Edmondson Ave. T VS 150-REV. 1/1/65

If Under 24 Hrs.

Hours

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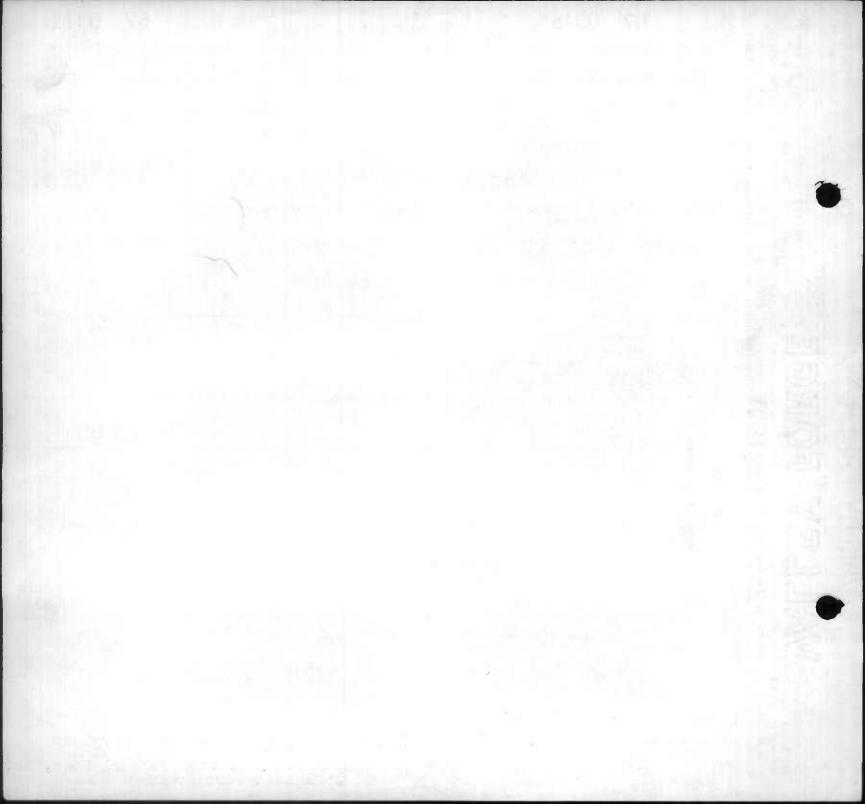
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(except where the physician who pronounced death was in regular attendance on the	; and (6) No physician was in regular attendance on the deceased prior to death. Such obtained before the remains are embalmed or final disposition is made.	
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered Na. BIRTH NO. M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where eceased lived. Il institution; residence before admission) A. STATE COUNTY (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city timits, write RURAL and give township INSTITUTION D. STREET ADDRESS (If rurol, give location) S. SEX MARRIED, NEVER MARRIED 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months Doys If Under 24 Hrs. Hours Min. WIDOWED, DIVORCED (specify) Hours lost birthdoyl 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA CE (State or loreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ADDRESS 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. CAUSE OF DEATH 18. INTERVAL BETWEEN ONSET AND DEATH DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving to the obove cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED CERTIF WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (II in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? While At Not While [(APPROX.) At Work Work 22. I certify that (I)((this haspital) attended the deceased from that (1) (we) last saw the deceased alive an and that in (my) (aur) opinion death accurred on the date and hayf and from the causes stated abave((1)(We)(did)(did not) view the bady after death, 23A. SIGNATURE 23 B. DATE SIGNED M.D. Attending Med. Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION REMOVAL (Specify) Burial Baltimore, /67 Saint Stanislaus Cemetery Maryland 258. NAME OF REGISTRAR 2SA. DATE REC'D BY HEALTH DEPT. 2SC. FUNERAL DIRECTOR wa dec wri Charles L. Stevens FUNERal Home, Inc. East Fort Avenue VS 150-REV. 1/1/65



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FUNERAL DIRECTOR: IMPORTANT	proved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death	ny nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	except where the physician who pronounced death was in regular attendance on the	and (6) No physician was in regular attendance on the deceased prior to death. Such
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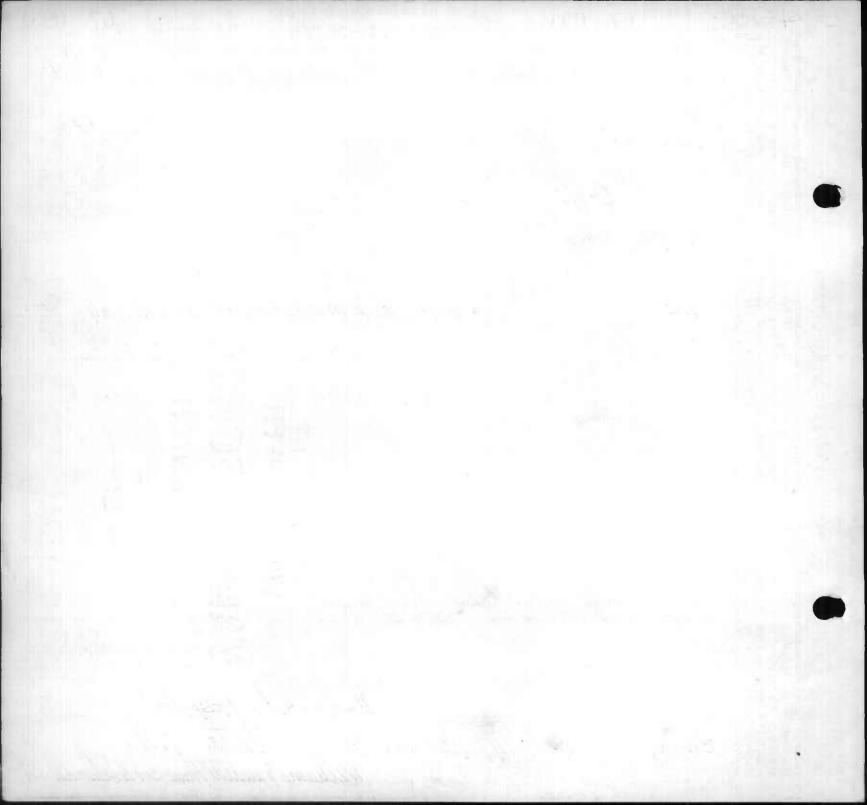
BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) USUAL RESIDENCE (Where deceosed lived. If institution; residence before odmission)
STATE

B. CDUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND FULL NAME DE (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION BALTIMORE D. STREET ADDRESS (If rurol, give location) OLIVER STREET21213 5. SEX 7. MARRIED, NEVER MARRIED 6. RACE 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 His. Hours WIDOWED, DIVORCED (specify) Months Doys MALE NEGRO MARRIED 8-30-13 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working tife, even if retired) WHAT COUNTRY? Battlestone .. 13. FATHER'S NAME THOMAS BEL WARRINGTON 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 228-10-6318 Mrs. Mrsi INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. Il means the disease, injuly of complication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving ē rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING U 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact tocation) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner MEDI (Month) (Doy) (Year) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While White At (APPROX.) Work At Work obtai 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) last sow the deceased alive on be ond that in (my) (our) apinion deoth occurred on the dote must and hour and from the causes stated above. (I) (We) (did) (dld not) view the body ofter death. 23A. SIGNATURE 23B, DATE SIGNED M.D. Attending [Med. Stoff Phys. approval Director ___ Phys. C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE L. DRIGHAN deceased p 24C. NAME of CEMETERY or CREMATORY REMOVAL (Specify)

the discovery

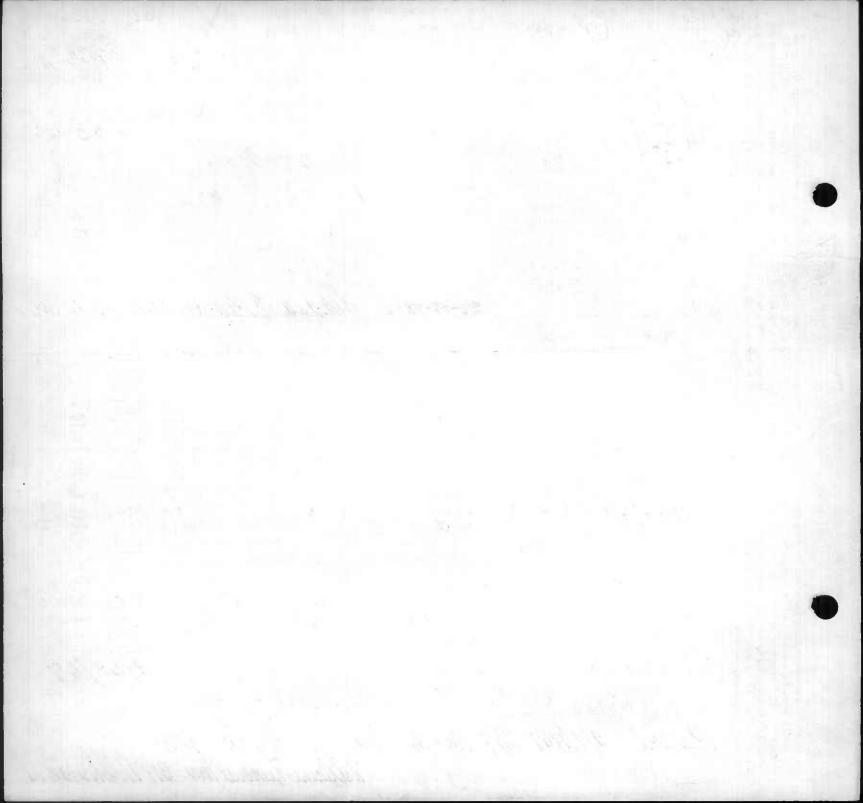
Letter from M.E.'s office 3-28-67 M.H.

67 0951	BALTIMORE CITY HEA	LTH DEPARTMENT		CM	0054
BIRTH NO. 07 USOA	CERTIFICATE	OF DEATH	Registered No	07	0997
M.E. CASE NO.					
1. NAME OF DECEASED	1/	2. DATE AND	HOUR OF DEATH	115	551
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	14. U	SUAL RESIDENCE (Where	degeosed lived. It institu	ution: residence be	fore odmission)
FULL NAME OF (If not in hospital or institution, gr		TATE B. COUNTY	, ,		
HOSPITAL OR oddress or to cotion)	C. C	CITY OR TOWN (If outside	le city limits, write RUB	AL mid give to n	hip
INDIVERSITY HOSPIT	AL	BALTIMO.		0	
	D. S	TREET ADDRESS (If for	ol, give location)	Merch	
5. SEX 6. RACE 7. MARRIED, N	NEVER MARRIED B. DA	ATE OF BIRTH	AGE (In years II	Under 1 Yr. 1f	Under 24 Hrs.
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13. FATHER'S NAME	14. A	AOTHER'S MAIDEN NAME			
JAMES LOYAL		MARG-ARE	- W12-S	ON	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	6. SOCIAL 17. IN	NFORM-ANT	1	ADDRESS	2/
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OR CONTRIBUTING CAUSE OF home,	PLACE OF INJURY (e.g., in or o , form, foctory, street, office b	bout 21C. WHERE DID Idg., INJURY OCCUR?	(If in Boltimore Ci	ty, give exact loca	otion)
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22. I certify that (1) (this hospital) attended the	deceosed fram	ne19	Lot 10 pds	Tara '	19,
that (I) (we) last saw the deceased olive an	1/27/67		in(my) (aur) opinia	n death accurre	d an the dote
ond hour and from the couses stated above. (†)** 23A. SIGNATURE	(We) (did) (did not) view t	he body after deoth.			
SA. SIGNATURE	M.D. Attending	Med. St	off [1]	B. DATE SIGNED	
23 C. PHYSICIAN'S	Phys.		ys. 6	100/6	>
NAME (Type)	M.D. 2/	2.21	thait.		
24A. BURIAL CREMATION, 24B. DATE . 24C.NA.	ME OF CEMETERY OF CREMATO	N/V & M 9/ V	ATION (City	lawn for county)	(Stote)
REMOVAL (Specify)	1 /hulling 1	im 12	11/1 41	A county	1016/
25A. DATE REED BY HEALTH DETY 258, NAME OF	BEGISTRAR 2	SC. FUNERAL DIRECTOR	Me III	ADDRE	SS /
JAN 30 1961 (1660) 263	0 0 0	Kilderson & French	real Hours 3	19 9 Salum	de so
VS 150-PEV 1/1/65		The Manuel of Man	word I vine	I I I VIIV	100

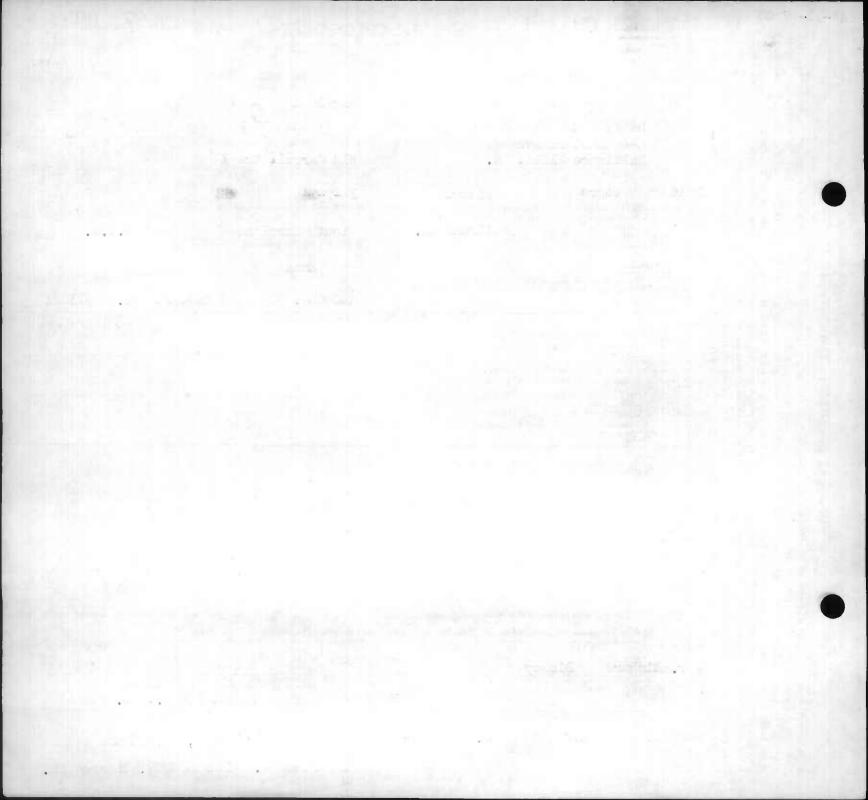


VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



-63r	0000	BALTIMORE CITY	HEALIH DEPARIMENT		67 0052
BIRTH NO.	101 0933	CERTIFICA	TE OF DEATH	Registered No	. 01 000
M.E. CASE NO.			2. DATE	AND HOUR OF DEATH	H
(Type or Print)	111:11	De	2"	1-2	
3. PLACE OF D	DEATH IN BALTIMORE, MAI	RYLAND	4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before admission)
			A. STATE B. CO	UNTY	
FULL NAME		or institution, give street	Maryland		and the
INSTITUTION				outside city limits, write	RURAL and give township)
1	BALTIMORE CIT		Baltimore		100
/	4940 Eastern			(Il rural, give location)	
1	Baltimore 212	24, Md.	\$12 Carro14	Street	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.
Male	Negro	Widowed	12-9-04	62	
10A. USUAL OC	CUPATION (Give kind of work	108. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF
done during most	of working lile, even if retired)	D 43 - 3 0-	0 11 0		WHAT COUNTRY?
		Railroad Co.	South Caro		U.S.A.
13. FATHER'S N	IAME		14. MOTHER'S MAIDEN N	IAME	
R:	ichard		Emma		
15. Was Deceas	sed Ever in U. S. Armed Ford	es? 16. SOCIAL	17. INFORMANT		ADDRESS
(Tes, no or unkno	wn) (II yes, give wor or dote	s of service) SECURITY NO.	RECORDS: BC	H 4940 Easte	ern Ave. #21224
110		CAUSE O		4,40 2000	INTERVAL BETWEEN
1B.	7 X		PUEAIN		ONSET AND DEATH
DISE	EASE OR CONDITION DIR LEADING TO DEATH	ECTLY	7	1-1-1	
(This deep		(A)	22/340	1 100 3 1 50 10	
	s not meon the mode of re, asthenio, etc. It means				
injury or c	complication which coused	deoth.)			
	ANTECEDENT CAUSES	DUE TO			
DISEASES	OR CONDITIONS, if				
	the above cause (A)	stating the (C)			
UNDERLI	ING CONDITION lost.			16	
7	11				
	CONTROL CONDITIONS C		11/1/ -A	1 / / =	
A DISEASE C	OR CONDITION CAUSING I	T. Muire	delirabe H	end wire	26
E 19A. DATE	OF OPERATION 198. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE			YES	YES	
. OR CONTR	DENT WAS UNDERLYING THE	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, or	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltime	ore City, give exact location)
T DEATH (no	oily medical examiner	etc.)			
0 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F, HOW DID I	NJURY OCCUR?	
OF INJURY		While At Not Whil	e —		
(APPROX.)		Work At Work			A 18 18 18 18 18 18 18 18 18 18 18 18 18
22. I certi	ify that 🐧 (this hospital) ottended the deceased from	12 - 15	19 6 7 to	1-27 1967
that (1) (w	ve) lost saw the decease	d alive on 1-27	1967 ond	that in (erry) (our) or	pinlon deoth occurred an the date
		ed above. (1) (We) (did) (did not) v			
23A, SIGNA		ed above. (g) (we) (ala) (dag Her) v	riew the body offer deof	п.	23B, DATE SIGNED
		M.D. Atte	ending Med.	Stoff	
7 Dr. 1	Richard Bish	lop Phy	s. Director	Phys.	1-27-67
23C. PHYSIC	CIANS	2 1 2 1	23D. ADDRESS BALT IN	ORE CITY HOS	PITALS
	16.1	1/6 shows M.D.	4940 EASTERN	AVENUE, BALD	TO., MD. 21224
24A. BURIAL C	REMATION, 24B. DATE	24C. NAME of CEMETERY OF CRI			City, town, or county) (State)
REMOVA	L (Specily)		240		(Store)
Buria	1/31/	67 Mt. Auburn	Ba	altimore.	Marvland
	D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS
	JAN 30 1967 R	Part & Jan Den Man	Charles	A. Rice 66	1 W. Barre St.
VS 150-REV. 1/	21/		1 0 7 3		



67

Mt. Auburn

24C. FUNERAL DIRECTOR

248, NAME OF REGISTRAR

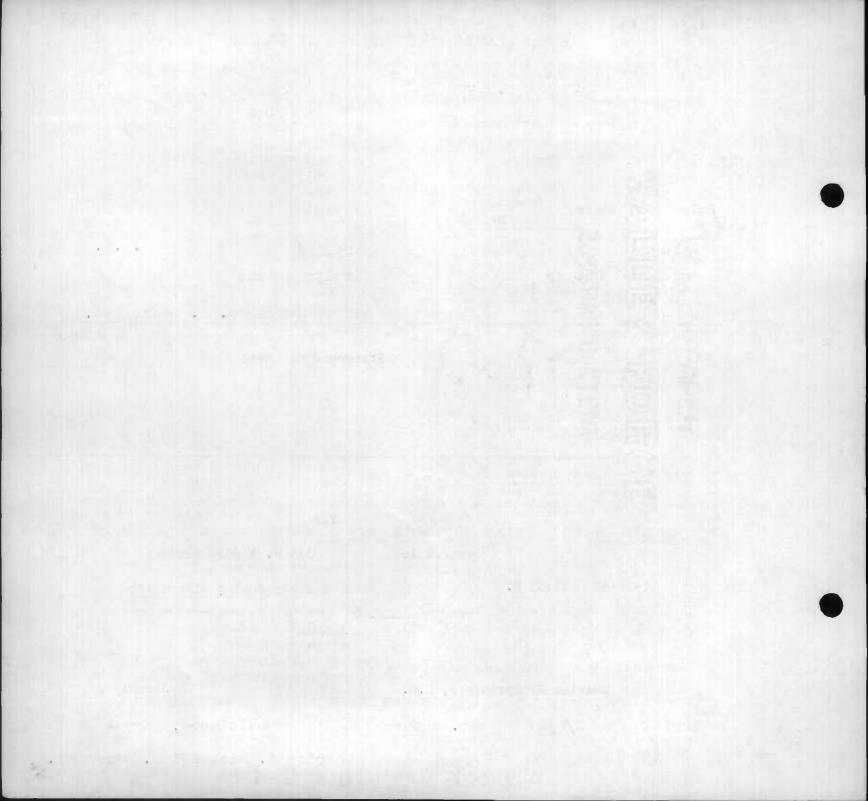
Baltimore, Maryland

Charles A. Rice 661 W. Barre St.

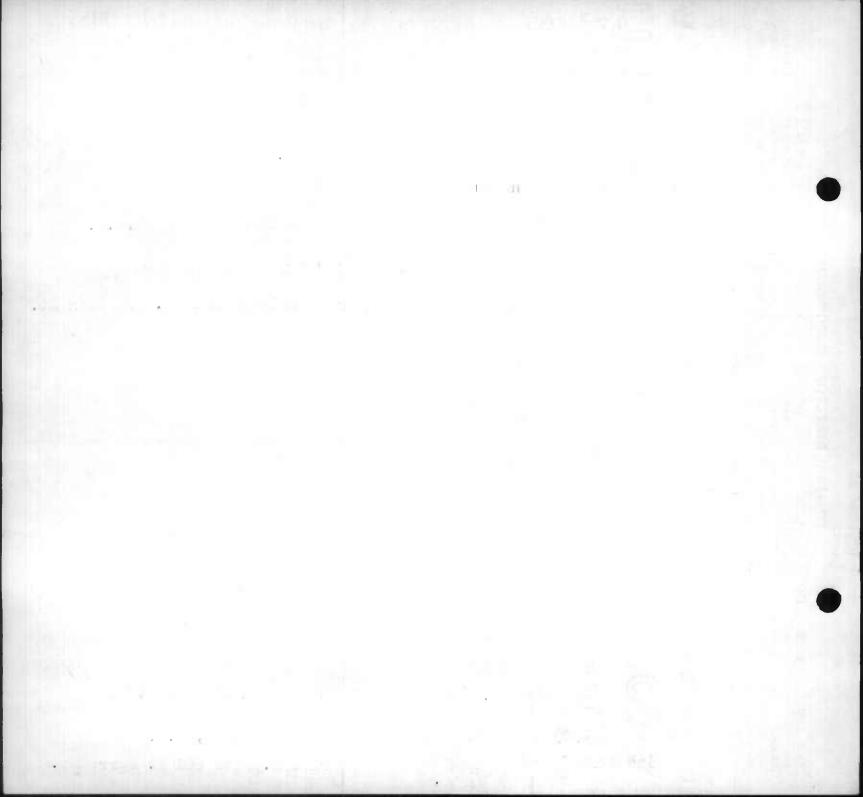
Burial

VS 151-REV. 1/1/65

24A. DATE REC'D BY HEALTH DEPT.



VS 150-REV, 1/1/65



IMPORTANT FUNERAL DIRECTOR:

RTH NO.

If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A ADDRESS Towson Md. INTERVAL BETWEEN ONSET AND DEATH WK R 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 29 ond that in (my) (23B. DATE SIGNED (City, town, or county) 1/31/67 Burial 7 Druid Ridge Cemetery Pikesville, 256. FUNERAL DIRECTOR 25A. DATE RECID ADDRESS Cook-Brooks Towson 1050 York Rd. 21204 VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

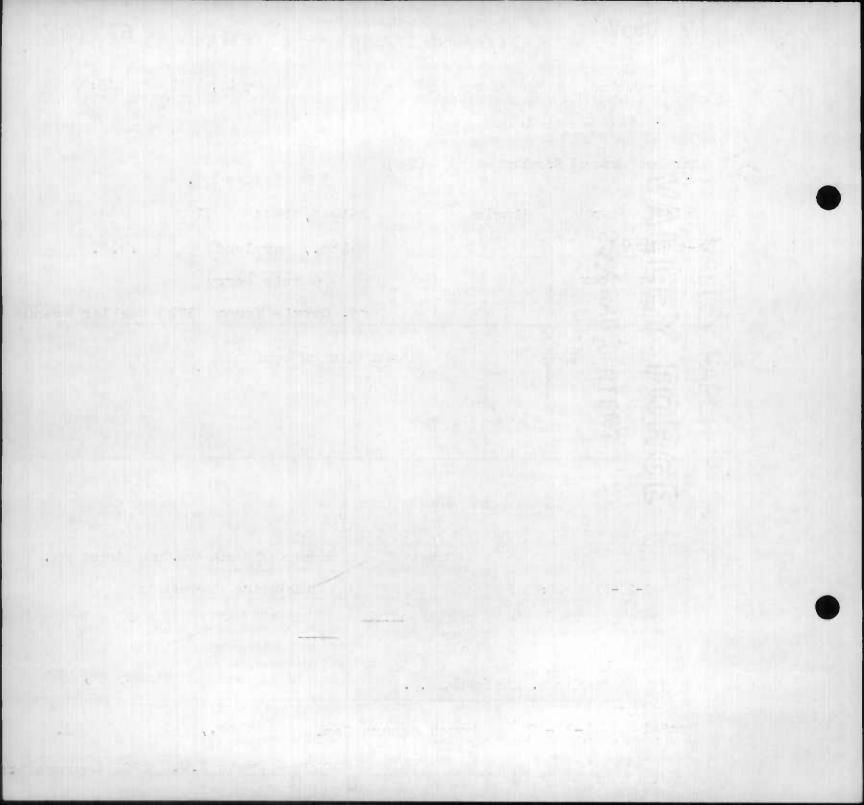
RTIFICATE OF DEATH

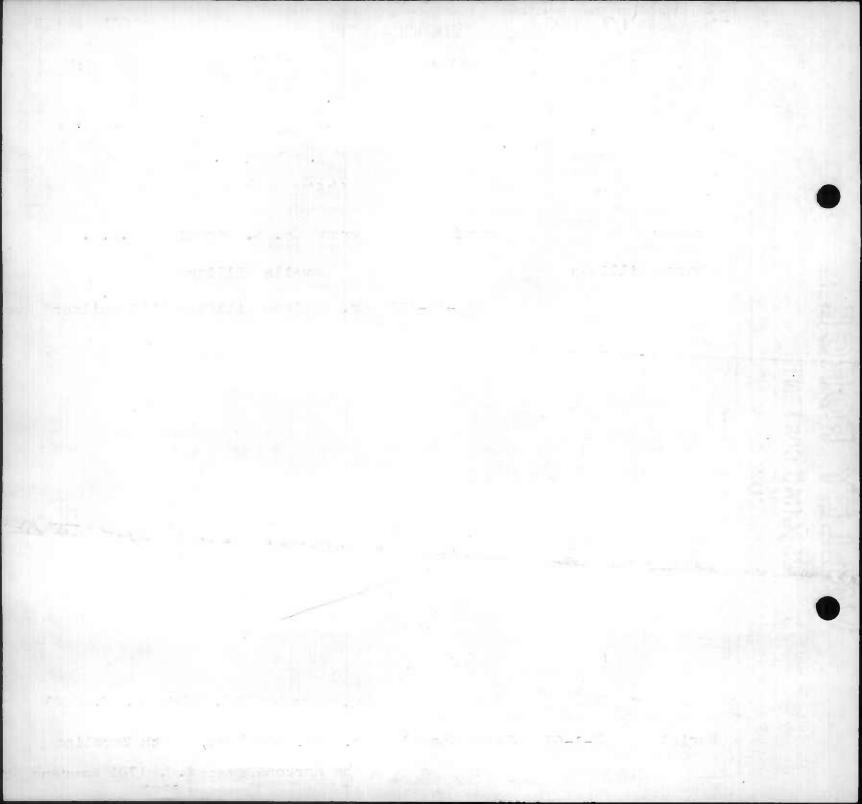
Registered No.

900 Emmuno 12d. and the second of the second of CONGESTIVE HOME FRANCE | LON ROBERC BUSINESSERIES STREPTORISERS ENGINEELING CLESSED PHELOWERS STREET OUR Y-9-0-T/9//O BURDE F- 1-29 1-20 69 --William V. Maron C3-F5-1 WORAM TIMESON JAKINSON YOURN

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered No.
MILLICIAL	EVIV WALL AFTER O	CEIVIIIICIVIE	U 1	

M.E. CASE NO.								
Type or Print	EASED	20.1				HOUR PRONOUNCE		D
Type or PrintiFre	ederick	Bake		January 27, 1967 10:20 P.M. 4. USUAL RESIDENCE (Whore decoased lived. If institution: rasidance before admission)				
3. PLACE IN BALTI	MORE, MARYLAN	D, WHERE PRONOU			NCE (Whose dec yland	coosed lived. If insti B. COU	tution: rasidance before adm NTY	nission)
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HE ADDRESS OR	OSPITAL OR INSTITU LOCATION)	TION, GIVE STREET	C. CITY OR TOV		orparata limits, writa	RURAL and give township)
Marvlan	d General	Hospital	(DOA)			ve lacation)	010	
1101 3 1101		. Hopproar	(DOA)	372		er Ave.		
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)	Months, Doys, Hours	24 Hrs. Min.
Male	Negro	Singl		July 7	. 1944	22		
lane during mast of w	arking life, even if re		BUSINESS OR INDUSTRY				12. CITIZEN OF WHAT COUNTRY?	1,13
un-emplo				Balto.	Maryl	and	U.S.A.	
	n Baker							
	EVER IN U.S. A	RAMED FORCES?	16. SO CIAL	17. INFORMANT	arrie P	erry	ADDRESS	
as, na ar unknawn)	(II yes, giva war a	r datas of service)	SECURITY NO.		37.	270		
In a	1000	14-14-17-17		Mrs. Ca	trie 10	ung 3/2	8 Beehler A	
18. 9	3 X1		CAUSE	OF DEATH			INTERVAL BET	
DISEAS	E OR CONDITIO		Gunsh	ot wound	of head			
(This doas n	of meon the mo	de of dying, a.g.,	(A)DUE TO					
injury or com	asthanio, atc. It is application which co	maans the discosa. lused dooth.)						
Δ.	NTECEDENT CA	Alicec						
		, IF ANY, GIVING	(B) DUE TO	•======================================				
	ABOVE CAUSE	(A) STATING THE						
5			(C)					**********
OTHER SIGN TO THE DISEASE OR	II							
TO THE	DEATH BUT NO	TONS CONTRIBUTING THE RELATED TO THE						
DISEASE OR	OPERATION LIGH	USING IT. CONDITION FOR V	VHICH OPERATION	20A ALITOPSY	(Yos or No) 20	R IF YES WEDE EIN	NDINGS CONSIDERED	
2		S PERFORMED	THE O'ERAHON	Yes		CERTIFYING CAUS		
21 A. EXTERNAL		21 B. F	lorm, lactory, street, o	in or obout 21C. V	HERE DID (If I	in Boltimora City, gi	va exoct location)	
UNDERLYING A	SE OF DEATH.	etc.)	Street			orth Ave.	and Linden Av	e.
21D TIME OF INJURY	(Manth) (Day)	(Yaor) (Haur) 21	E. INJURY OCCURRED		W DID INJURY			
(APPROX.)	-27-67	10:05 Pm. W	HILE AT NOT	WHILE ST	ot durin	g altercat	ion	
22. I cert	ify that I held a			িকুট	that an this	basis, death in π	ny opinian	
result	ted fram: Natur	al couses A	ccident Suicide		de X Und	determined manne	er 🗌	
	no	100)	CHIEF M	DICAL EXAM	MINER		
ACTUAL		les.	and us	ASSISTANT M	EDICAL EXA	MINER	DATE SIGN	4ED
SIGNATU		as C Chui	M.D.	ASSOCIATE M			January 28, 19	67
NAME (T		es S. Sprif	igate, M.D.					
BA. BURIAL CREA		TE 230	NAME of CEMETERY O	REMATORY	23 D. LOC	CATION (City,	town, ar county) (S	tote)
Burial		31-67	Mount Aube	rn Com	Ba	lto.	Md.	
	BY HEALTH DEPT.		Mount Aubu	24C. FUNER	L DIRECTOR		ADDRESS	
	JAN 30 19	167 R. Bub	E, Farburna			ett F.H.	1701 Laure	and
/S 151-REV. 1/1/6	55 / 9	1 17	7 0	009	13 7		a de la contraction de la cont	-110
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VS 150-REV. 1/1/65

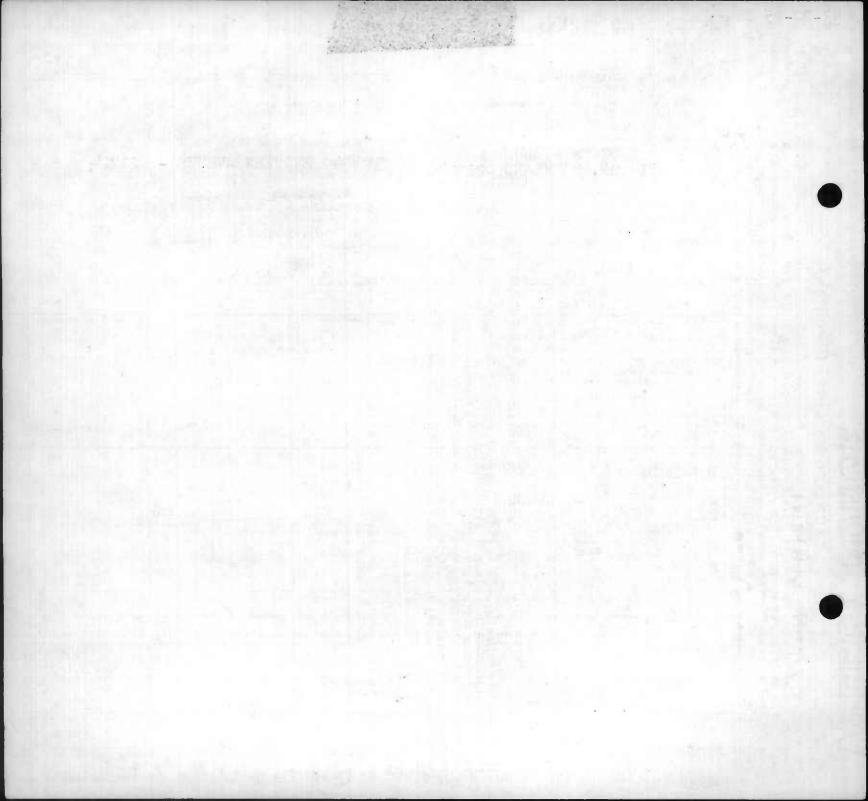
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the body

shows:

43-20-95 IB BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) BATTEN JANUARY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND RESIDENCE (Where deceased lived. If institution; residence before admission B. COUNTY (If nat in hospital or institution, give street FULL NAME OF MARYLAND NONE HOSPITAL OR eddress er lecation) C. CITY OR TOWN (Il outside city limits, write RURAL BALTIMORE HOSFITALS CITY BALTIMORE D. STREET ADDRESS (If rurol, give location) 4940 EASTERN AVENUE AVENUE 4940 EASTERN MARYLAND 21224 MARRIED If Under 1 Yr. If Und 9. AGE (In yeors 8. DATE OF BIRTH Il Under 24 Hrs. WIDOWED, DIVORCED (specify) lest birthdoy) COLORED MARRIED 10A USUAL OCCUPATION (Give kind of werk 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY? dene during mest el werking life, even il retired) USA 13. FATHERS NAME YIRINIA 14. MOTHER'S MAIDEN NAME 15. Wes Decesed Ever in U. S. Anned Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknewn) (II yes, give wor or dotes of service) SECURITY NO. EMER AND ADMISSIONS BCH REGORD NO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ULMONARY EDEM A (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, ? CHRONIC injury as camplication which caused deoth.) ASCVO - ACUTE ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, to the above cause (A) stating the CHOLECYSTITIS UNDERLYING CONDITION lost. PERITONITIS CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE NONE KNOWN DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes er Ne) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION CERTIFI WAS PERFORMED 1-25-ACUTE ABDOMEN 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218, PLACE OF INJURY (e.g., in er ebout 21C. WHERE DID heme, lerm, fectery, street, office bldg., INJURY OCCUR? (If in Beltimere City, give exect lecotion) MEDICAL DEATH (netily medical exeminer) etc.) 21D. TIME (Month) (Doy) (Yeor) (Heur) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Werk At Work 1-25 19 45 10 22. I certify that (1) (this hospital) attended the deceased from 25 that (1) (we) lost saw the deceased alive on 1 ...19.... 67 ond that in (my) (our) opinion death occurred on the date and hour and from the bauses stated obove. ((1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 238, DATE SIGNED Attending Phys. Stoll M.D. Med. Phys. Director approval 23C. PHYSICIAN 23D. ADDRESS BALTIMERE NAME (Type) HOSPITALS M.D. SANTIAGO 1314LTIMORE MARYLAND 24A. BURIAL CREMATION, 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, er ceunty) REMOVAL (Specily) em 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS



shows:

Was

25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV, 1/1/65

258. NAME OF REGISTRAR

and

hospital

death.

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH Medley, Earl (Type or Print) 1-27-67 1:40Pm. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give INSTITUTION Provident Hospital Baltimore 1514 Division Street D. STREET ADDRESS (If rurol, give location) Baltimore, Maryland #21217 1605 Spray Court 7. MARRIED, NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. 6. RACE If Under 1 Yr. lost bimhdoy) SMIDOWED DIVORCED (specify) Hours Months Doys Negro Male 6-16-12 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during mast of working life, even if retired) Unemployed Balto., Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Arthur L. Jackson
15. Wos Deceased Eyer in U. S. Armed Forces? Mary Medlev ADDRESS 6. SOCIAL (Yes, no or unknown) (III yes, give wor or dotes of service) SECURITY NO. SANE Mary Scott - Mother CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Myocardial Infarction (This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It meons the disease, injuly at camplication which caused death,) Arteriosclerosis ANTECEDENT CAUSES Bronkogenic Carcinoma DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examined MEDI (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased from January 2 January January that (1) (we) last sow the deceased alive onond that in(my) (our) opinian death occurred on the date and hour ond from the couses stoted obove. (1) (We) (did) (did nat) view the body ofter deoth. 23A. SIGNATURE 23B, DATE SIGNED Med. Staff M.D. Allending 1-28-67 Phys. Director approval 23 C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) Dr. C. Laredo 1514 Division Street Balto, Md. 21217 M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY eceased 24D. LOCATION (City, town, or county) REMOVAL (Specily) Burial 2-1-67 Balto. National Cem. Balto.

25C. FUNERAL DIRECTOR

Md.

ADDRESS

Morton & Dyett F.H. 1701 Laurens St.

10 - THE ... OF R total - the this The state of the s

of death Deceased

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hospital

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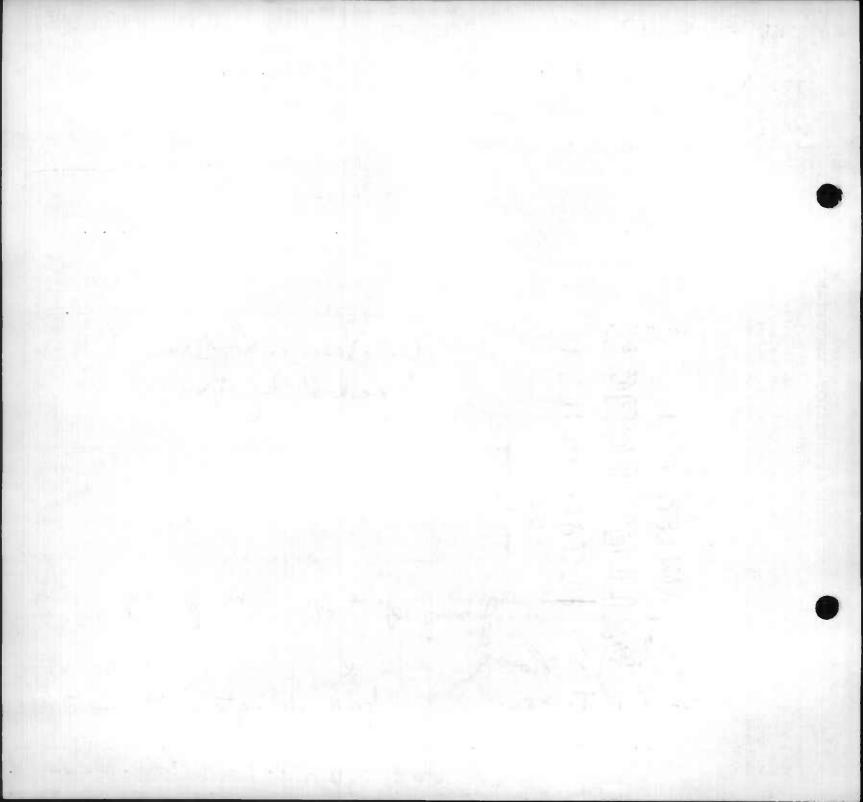
attendance

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH

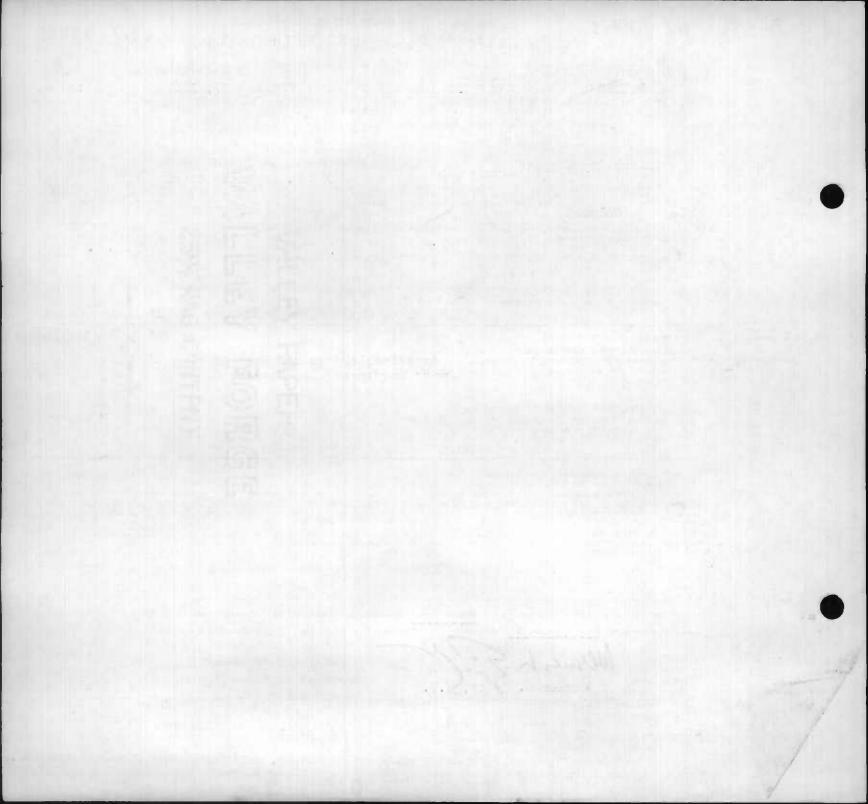
BIRTH NO. Such. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE
B. COUNTY (Type or Print) Frank H. Phillips death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND (If not in hospital or institution, give street Maryland FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore
D. STREET ADDRESS Bon Secour Hospital Brice Street 405 disposition is made. 5. SEX 8. DATE OF BIRTH 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost birthdoy Doys M Negroid 8-14-08 Married tOA, USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHarles Phillips Alfonz6 Barlow 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dotes of service) ADDRESS 17. INFORMANT 6. SOCIAL SECURITY NO. Phillips Carrie 405 Brice CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Mode (This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injuly of complication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving to the above cause (A) stoting the (C) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED CERTIFI IN CERTIFYING CAUSES OF DEATH? 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Bollimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examined (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) Work Al Work Cenucer 1965 22. I certify that (1) (this hospital) ottended the deceosed fram 6 that (1) (we) lost sow the deceased alive on farman 19 and that in (my) (out) apinion death occurred on the date and hour opd from the consesstated above. (1) (We) (did //did not) view the body ofter deoth. 23A. SIGNATURE 23B. DATE SIGNED M.D. Attending f Med. Stoff approval Phys. Director Phys. 236 PHYSICIAN'S NAME (Type) 23D. ADDRESS 00 10 deceased p 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY of CREMATORY REMOVAL (Specify) 2-1-67 St. George Cemetery Kent County, Burial

Kelson 1348 N. Calhoun St. Gaorge

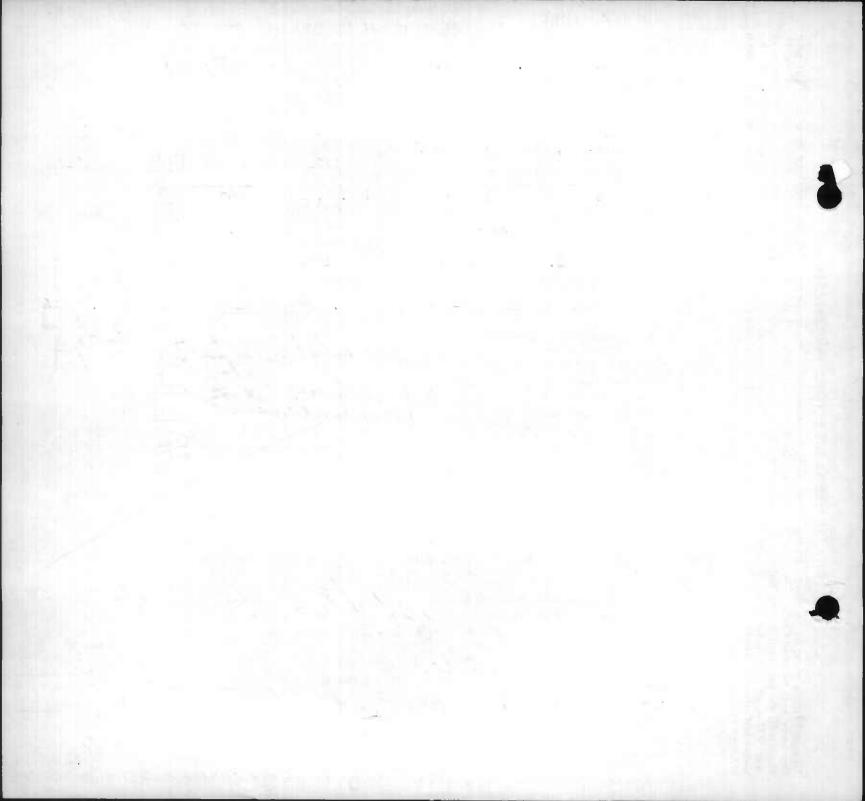
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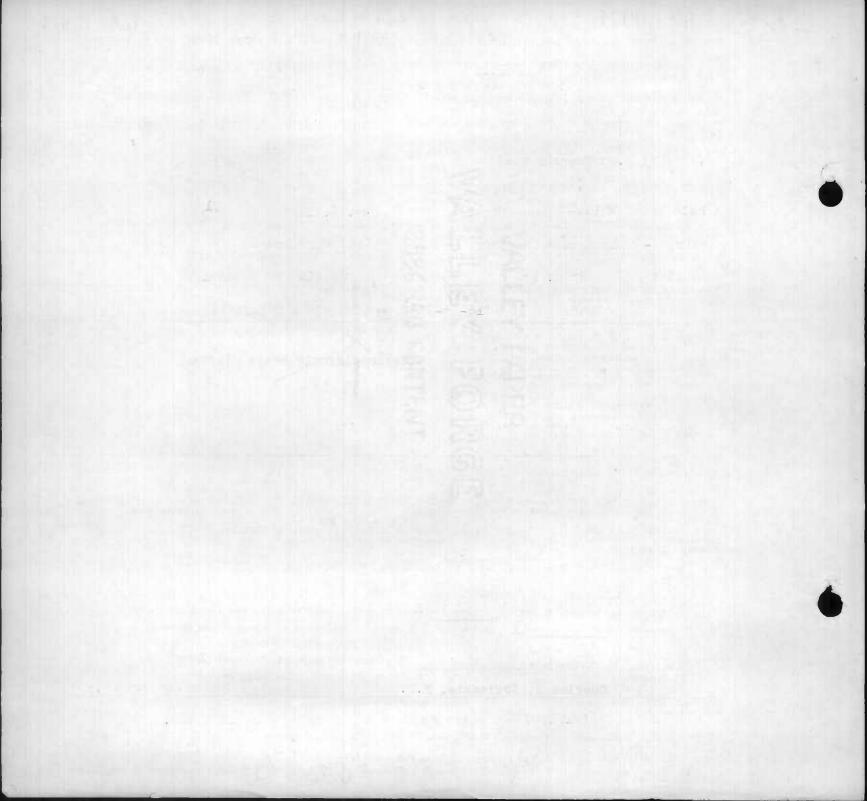
	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.	7 0962
	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR PRONOUNCED DEAD	11 00 1
	Charles HOLLINS JANUARY 27, 1967 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence in the control of the control	11:20 A _M .
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence and the state of the stat	ence belote ognission
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write, RURAL on	d give township
	Baltimore	-0
3	University Hospital D. STREET ADDRESS (If rurol, give locotion)	,
	928 W. Fayette Street	
	Male Colored WIDOWED, DIVORCED(specify) Single 4-10-00 lost hithday Months.	1 Yr. If Under 24 Hrs. Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZE WHA!	T COUNTRY?
	Ga. U. 1	S.A.
	14. MOTHER'S MAIDEN NAME	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS	
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
	215287926 Catherine Matthews Watervi	INTERVAL BETWEEN
	LEADING TO DEATH (This does not meon the mode of dying, e.g., heort loilure, esthenic, etc. It meons the diseose, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CO	ON SIDERED
	WAS PERFORMED NO IN CERTIFYING CAUSES OF DE	
	Z1A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- CAUSE OF DEATH. 21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exoct long), INJURY OCCUR?	cotion)
	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT WORK The WORK AT WORK	
	22.	
	resulted from: Notural couses X Accident Suicide Homicide Undetermined manner	
	CHIEF MEDICAL EXAMINER	
	SIGNATURE Werner L. S. M.D. ASSISTANT MEDICAL EXAMINER X	DATE SIGNED
	EXAMINER'S NAME (Type) Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER	1/27/67
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or c	ounty) (Stote)
	Burial 1-31-67 Baltimore Nat'l. Cem. Baltimore, Ma:	ryland
	24A. DATE REC'D BY NEATH DEET. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR A	DDRESS
	II	0 21 0
	George G. Kelson 1348 N.	Calhoun S



67 0963	BALTIMORE CITY	Y HEALTH DEPARTMENT	67 0963
BIRTH NO.	CERTIFICA	TE OF DEATH Registered No.	
M.E. CASE NO.		2, DATE AND HOUR OF DEAT	u
Type or Print)	G 3		
Paul E	 Smelser 	January 26, 196	
. PLACE OF DEATH IN BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE (Where deceased lived. If	institution; residence before admiss
		A. STATE B. COUNTY	
FULL NAME OF (If not in hospital or ins	stitution, give street	Maryland	
HOSPITAL OR address or location)		C. CITY OR TOWN (If autside city limits, write	RURAL and give township)
INSTITUTION			17-7
7 2721 Pennsylva		Baltimore	100
Baltimore, Mar	yland 21217	D. STREET ADDRESS (If rural, give location)	
		2721 Penneralmonia Asse	01017
		2721 Pennsylvania Ave	
SEX 6. RACE 7. A	MARRIED, NEVER MARRIED VIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years	Months Doys Hours Min
Male White	Single	Nov. 8, 1906 60	
		NOV. 0, 1700	110 6171771 05
6A. USUAL OCCUPATION (Give kind of work 10B.	KIND OF BUSINESS OK INDUSIK	II. BIRTHPLACE (State of foreign country)	12. CITIZEN OF WHAT COUNTRY?
	1 2000 0 0 0000 0000	Doltimons Md	
Guard	urns Agency	Baltimore, Md.	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
David B.	Smelser	Clara Schaeff	far
David D.	Distant	OTALA OCHAELI	- 21
S. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
fes,no or unknown) (If yes, give wor or dotes of	service) SECURITY NO.		
Yes World War	TT 220-30-5503 F	HA Mr. Ernest Smelser 793	31 Main St. #26
1B. 24. 2011 I	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	LY	/ . // / / / / / / / / / / / / / / / /	1
LEADING TO DEATH	1/1/2	unthe deal a la XI	1 / mans
(This does not mean the made of dying	ng, e.g., DUE TO	qui coming con par y	
heart failure, asthenia, etc. It means the		, , , , , , , , , , , , , , , , , , , ,	
injury ar camplication which caused dea	th.)	1	
ANTECEDENT CAUSES	(B) DL	1 Me Mensuel (And so	
ANTECEDENT CAUSES	DUE (TO		000 04 744 000 0 000 000 000 000 000 000
DISEASES OR CONDITIONS, if any,	aiving	- sular allane	
rise to the above cause (A) state	ing the (C)		
UNDERLYING CONDITION last.		0	
7	C.T		
O THE SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	RIBUTING		
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	IO THE		
19A. DATE OF OPERATION 19B. CONDITION	ON FOR WHICH OPERATION	20A. ALITOPSY? (Yes or No.) 20R. IF YES WED	F FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER	AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY le.g.,	in or about 21C. WHERE DID (It in Baltim	ore City, give exact lacation)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	office bldg., INJURY OCCUR?	
DEATH (notify medical examiner)	etc.)		
O 21 D. TIME (Month) (Doy) (Year) (H.	our) 21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
W OF INTITIES			
(APPROX)	White At Work At Work	ite	
	Work At Work	10	
, 22. I certify that (I) (this haspitet) at	tended the deceased from	12/8 1965-10	1/25 196
	. /1 -		/
that (I) (we) last saw the deceased al	ive on	19 6 7 and that in(my) (aur) a	pinian/death accurred an the
and have and from the causes stated	shove (1) (Wa) (did) (did mist		
	Control (17 () Control (did fidit)	year the budy utter deutifi-	
23A. SIGNATURE	1		23B. DATE SIGNED
1 1 1 1 1 1		tending Med. Stoff	1/1-1/1-
() · Will the) // Ph		1/2//6/
23C. PHYSICIAN'S	/	23D. ADDRESS	1
NAME (Type)	11	2.18/ Dait	6/
HonALD VIII	ines Min M.D.	2434 KEII/en/ B	ter. Ill
24A. BURTAL CREMATION, 24B. DATE	24C. NAME of CEMETERY	24D. LOCATION	(City, town, or county) (Stat
REMOVAL (Specify)	0 41:		(Side
184rial 1/30/67	Walter son	atimal Baltin	mu 1 1
DEA DATE BECID BY HEALTH TOTAL	10 armor /h	pronor Daws	male
E St. A. C. C.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
JAN 3 0 1967 (R)	How IT E STOWNER	11/2 / 7: 62.	1 8 is issuere
1740		way you when	o work north
S 150-REV. 1/1/6S	The same of the sa		



BIRTH NO.	MEDI	CALL	AAMIINEK 3 CI	KIIFICATE OF	DEATH Regist	ered No.
M.E. CASE NO.	FASED	Phi	lin	2 DATE	AND HOUR PRONOUNG	CED DEAD
(Type or Print)			HOFMEISTER			
3. PLACE IN BALTI	MORE, MARYLAND, WI			4. USUAL RESIDENCE (Wh	B. CO	stitution: residence before admission
FULL NAME OF	(IF NOT IN HOSPITA	L OR INSTIT	UTION, GIVE STREET	Marylan c. city or town (If our		te RURAL and give township)
INSTITUTION	ADDRESS ON LOCA	IION/				10-07
2711	N. Calvert	Street		Baltimo D. STREET ADDRESS (If ru		100
					Calvert Str	eet
5. SEX (6. RACE		, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
Male	White		DIVORCED (specify)	Dec. 6, 1895	last highday)	Months Doys Hours Min.
				11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
Retired -	orking life, even if retired) Switchboard	Opera	tor	Maryland	1	WHAT COUNTRY?
13. FATHER'S NAM		opora	-	14. MOTHER'S MAIDEN NA		
Charles	Frede	rick	Hofmeister	Sophia	Trendel	
	EVER IN U.S. ARMED			17. INFORMANT		ADDRESS
(Yes, no ar unknown)	(If yes, give wor or dote None	s of service)	216-46-7065	Miss Hilda He	fmaistan so	me address
1B. e.L	110110			OF DEATH	JIMOIS OCT SC	INTERVAL BETWEEN
DISEAS	E OR CONDITION DIE	ECTLY				ONSET AND DEATH
DISEAS	LEADING TO DEATH	COLL	(A) Arter	iosclerotic he	art disease	
heort loilure,	ot mean the made al asthenia, etc. It means	the diseose	DUE TO	***************************************		
injury or com	aplication which coused o	leoth.)				
AI	NTECEDENT CAUSES		(2)			
DISEASES C	OR CONDITIONS, IF A BOVE CAUSE (A) ST	NY, GIVING	DUE TO			
UNDERLYIN	G CONDITION LAST.		(C)			
<u>Ó</u>	ll l		(4/			
OTHER SIGN	IFICANT CONDITIONS					
TO THE DISEASE OR	DEATH BUT NOT REL		THE			
OTHER SIGN TO THE I DISEASE OR	OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or I	10 20 B. IF YES, WERE F	
4				No		
UNDERLYING	OR CONTRIB-	hom	e, form, factory, street, o	in or obout 21C. WHERE DIE	O (If in Boltimore City,	give exact lacation)
UTING CAUS	SE OF DEATH.	etc.				
21 D TIME OF INJURY	(Month) (Day) (Year	(Haur)	21 E. INJURY OCCURRED	21 F. HOW DID 1	NJURY OCCUR?	
(APPROX.)		m	WHILE AT NOT W	WHILE		
22.	ا معالما المعادية		Inspection X Aut		Alia basia. Janah in	
	ify that I held an I	_			this basis, death in	
result	ed fram: Natural cau		Accident Suicide		Undetermined man	ner
ACTUAL	10 1	0	1 -1	CHIEF MEDICAL		DATE SIGNED
SIGNATU	JRE Man	> ~	X-70 M.D.	ASSISTANT MEDICAL		
EXAMINI	ER'S	S Spr	ingate, M.D.	ASSOCIATE MEDICAL		anuary 29, 1967
NAME (T			3C. NAME of CEMETERY o	CREMATORY 230		y, town, or county) (State)
Burial	2/1/1	967	Lorraine Park	Cemetery	Woodlawn, Md	
24A. DATE REC'D		248. NAME	OF REGISTRAR	24C. FUNERAL DIRECT	OR	ADDRESS Mach
9	AN 30 1967	P. O. S	E. Farberman	11/2 17:	6. , , 2	Balte, met
VS 151_95V 1/1/4	6	10000	1 1 0 1	War Jan	mer Hison	o promoto a.



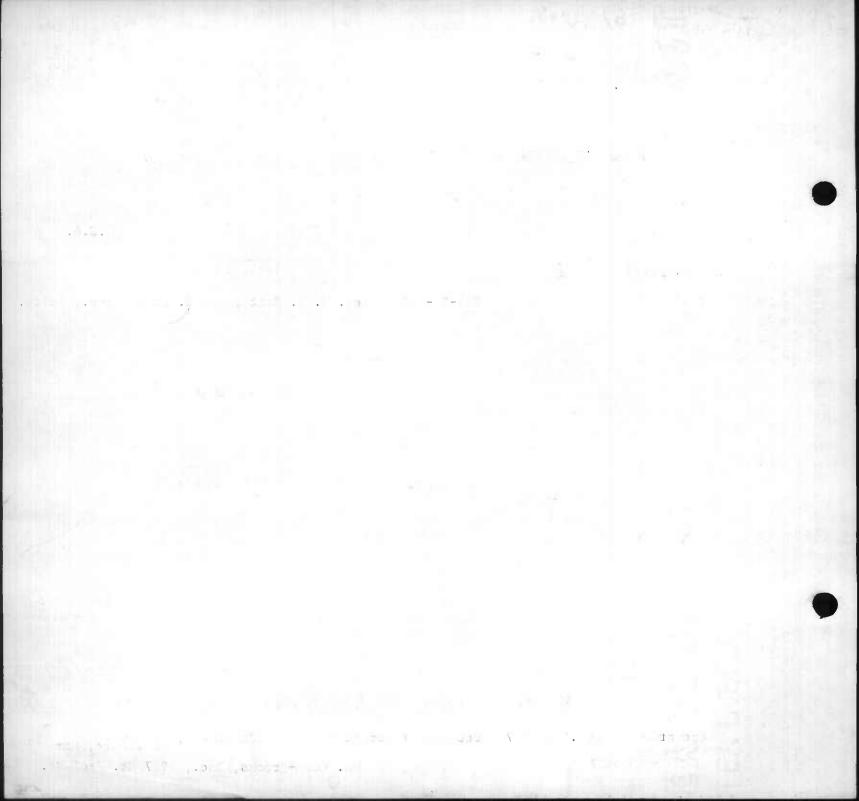
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

CPT 2005	ALTIMORE CITY HEALT	H DEPARTMENT	1	Die .
BIRTH NO. 67 0965	ERTIFICATE O	OF DEATH	Registered No	67 0985
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
(Type or Print) Gatrison Tink ne	9.4	A	anuary 19	67 1 30 Au
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USI	JAL RESIDENCE (Where	deceased lived. If inst	tilution: residence before admission)
	A. STA	1	1	1111
FULL NAME OF (If not in hospital or institution, give streem oddress or location)		Y OR TOWN (If outsi	de city limits write PI	JRAL ond give township)
INSTITUTION	2		de chy minis, whie ke	ALL ONG GIVE IOWNSHIP)
11 11 11 11 11 11 11	D. STI	MACPOILS	ral, give locotian)	0 64 -0 0
University of Manyland Hos	Buch	+ 3, Box	. 3	
5. SEX 6. RACE 7. MARRIED, NEVER	MARRIED B. DAT	E OF BIRTH 9.		If Under 1 Yr. If Under 24 Hrs. Manths; Doys Haurs; Min.
M N WIDOWED, DIVO	26	Mar 1908 10	58	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINE done during most of working life, even if retired)	SS OR INDUSTRY 11. BIR	THPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
Orderly Crownsmille	St. Hosa.	marilan	1	USA
13. FATHER'S NAME	14. MC	mary (au	E	000
land Pinton	5	1.1.1.1	1	
15. Was Deceased Ever in U. S. Armed Forces? 16. SO(lizabeth	Dorsey	ADDRESS
	CURITY NO.	OKAPANI	,	ADDRESS
Unkn				
18./920	CAUSE OF DEAT	TH .	_	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	1 ~		1 -	
LEADING TO DEATH	(A) 9/10mic	2, grade	ii brain	1) > 2 wiles
(This does not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease,	DOE TO			
injury or complication which caused death.)				
ANTECEDENT CAUSES	DUE TO	, , , , , , , , , , , , , , , , , , ,	**************************************	************************************
DISEASES OR CONDITIONS, if any, giving				
rise to the obove cause (A) stating the UNDERLYING CONDITION lost.	(C)		annanaaaaanonaaanaaanaa	
11				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 198, CONDITION FOR WHICH	OPERATION 20 A	- AUTOPSY? (Yes or Na)		
25 Jan 67 WAS PERFORMED Prain U 21A, ACCIDENT WAS UNDERLYING 21B, PLACE	tumor	No	IN CERTIFYING CAU	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE	OF INITIBY (e.g. in gr obo	ut 21C. WHERE DID	(If in Baltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF home, farm, etc.)	foctory, street, affice bldg	, INJURY OCCUR?		
DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY	OCCURRED	21F. HOW DID INJU	PY OCCUP?	
₩ OF INJURY (APPROX.) While At	Not While			
Work L	At Work			
22. I certify that (1) (this hospital) attended the dece	ased from 13 Ja	ام ا	67 10 25	Jan 1967.
that (1) (well last saw the deceased alive an 24	Jan 1	9 67 and that	in (my) (out) apin	ian death accurred an the date
and haur and from the causes stated above. (M (We)	(did) (did not) view th	bady after death.		
23A. SIGNATURE				238. DATE SIGNED
(Tolout Hold m)	M.D. Attending Phys.	Med. S	taff hvs.	15 Jan 67
23C. PHYSICIAN'S	23D. AD		,	72 2001
NAME (Type)	M.D. 7/2	· - /	1/2 1:00	B.11. 50
24A. BURIAL CREMATION, 124B. DATE 124C. NAME of	MA	wersals 4	tospicar,	calthune, mil
REMOVAL (Specify)	CEMETERY OF CREMATOR	240. 10	CATION (City	, lown, ar county) (Stole)
1/28/67 ANNAPO	olis Neck	Cem. HN	NAPOLIS	MATYLAND
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGIS	TRAR 250	. FUNERAL DIRECTOR		ADDRESS MC
JAN 30 1967 R.C. 52.	Jane MA	John Son	+unir	el Arnapolis
VS 150-REV. 1/1/65	7 4 4 9	0 7 0 5		

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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a the body was released to the hospital by a medical examiner. Also, if the direct or contributing care shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to deceased prior to was in regular attendance on the deceased prior to written approval must be obtained before the remains are embalmed or final disposition is made.	
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.	

	67 0966	BALTIMORE CITY	HEALTH DEPARTMENT		010
	TH NO. D/ UJOO	CERTIFICA	TE OF DEATH	Registered Na	67 0966
1.1	PE OI PRINTIL ARLAND TOHAL		2. DATE AN	DHOUR OF DEATH	915 9AM.
3.	PLACE OF DEATH IN BALTIMORE, MEDILAND		4. USUAL RESIDENCE (WHEE	e deceased lived. If inst	litution: residence before admission
	FULL NAME OF HOSPITAL OR oddiess or location) (If not in hospital or institution, go oddiess or location)		Maryland c. cityor town (11 out Baltimore		JRAL and give township)
L	LITHERAN HOSPITAL OF	MARYLAND	1501 Dukel	1 01	t
	MALE WHITE SIN	DIVORCED (specify)	5-2-83	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	N. USUAL OCCUPATION (Give kind of work) 10 B, KIND OF the during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	?????	??????	????????		U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
	0.0000000		0000	2000	
15.	???????? Was Deceased Ever in U. S. Armed Forces?	6. SOCIAL	????	(117	ADDRESS
	s, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.		1 106 -	
	??????	265-20-0536	Kev. W. R. Smit	th, 106 S. Fu	ilton Ave., Balto
	18. 3 3 / X I	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		C 1/1		Old 261 WIND DEWIN
	LEADING TO DEATH	(A)	ンバイ		
	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	DUE TO	,	0	
	injuly of complication which coused deoth.)		rteriosce	22000	
	ANTECEDENT CAUSES	(B) DUE TO	vuenosce	erour	
	DISEASES OR CONDITIONS, if ony, giving	50110			
	rise to the above cause (A) stating the	(C)			
	UNDERLYING CONDITION last.				
VIION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Malnui	trition Deh	idre Tim	
RTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or W	208. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
AL CE	21A. ACCIDENT WAS UNDERLYING 21B. OR CONTRIBUTING CAUSE OF home DEATH (notify medical examiner)	PLACE OF INJURY (e.g., in , form, foctory, street, of	or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
DIC		INJURY OCCURRED	21F. HOW DID (NJ	URY OCCUR?	
ME	OF INJURY While	e At Not Whil			
	Work	At Work			
	22. I certify that (1) (this haspital) attended th	e deceased fram	JAN 18 1	967 to J	AN 2/ 19 6:
	that (1) (we) lost saw the deceased alive on				on death accurred on the d
	and hour and fram the causes stated abave. (1)				
	23A. SIGNATURE,	7(0.0) (0.0 101)	The budy unter dedille		23B, DATE SIGNED
	May a Kil	M.D. Atte	ending Med.		11 110
	23C. PHYSICIANS	MM Phy	s. Director	Stoff Phys.	1/21/67
	NAME (Type)	1/	23D. ADDRESS	, (
	1 DUNE KIL	KIM M.D.	LUTHERAN	HOSPITAL	OT, MARYLAN
24/	A. BURIAL CREMATION, 248. DATE 24C. NA	ME of CEMETERY OF CRE	MATORY 24D. LO	CATION / (City	, town, dr county) (State)
	REMOVAL (Specify)				town, dr county) (Stote)
	Cremation Jan.28, 1967 G	reen Mount Cr	ematory]		aryland altimore Mary la
	Cremation Jan. 28, 1967 G	reen Mount Cr	ematory]	Baltimore, M	aryland (Stote) altimor _{Abbress} 17 St. Paul St.
5/	Cremation Jan. 28, 1967 G	reen Mount Cr	ematory]	Baltimore, M	aryland altimore Mary 1s 17 St. Paul St.



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(,1	67	0967		BALTIMORE CITY HEALT				67 0967
C-630	BIRTH NO. M.E. CASE NO.	MED	ICAL EX	CAMINER'S CE	RTIFICA	ATE OF D	EATH Registe	red No. USD/
	1. NAME OF DE	CEASED				2. DATE AND	HOUR PRONOUNCE	ED DEAD
	l I	ŒLVIN		GROSS			ry 24, 1967	
	3. PLACE IN BAL	TIMORE, MARYLAND, V	VHERE PRONOL	INCED DEAD	4. USUAL RE A. STATE	SIDENCE (Where	deceosed lived. If insti B. COU	tution: residence before odmission)
	FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITU	ITION, GIVE STREET		aryland TOWN (If outside	corporote limits, write	RURAL ond give township)
0	0	930 Whitelock	Street			altimore DDRESS (If rurol,	give location)	(3-01
					9	30 Whitel	ock Street	
	5. SEX Male	6. RACE Colored		NEVER MARRIED	1/27/		9. AGE (In years lost birthday)	Months, Doys, Hours, Min.
			k TOB. KIND OF	BUSINESS OR INDUSTRY	1000 / 10000/	CE (State or foreign	country)	12. CITIZEN OF
		working life, even if retired) DOPER			Maryla	nđ		WHAT COUNTRY?
	13. FATHER'S NAM	A E	-4		14. MOTHER'S	MAIDEN NAME		
DE DE L	Thoma	as			Ella			
		D EVER IN U.S. ARME		16. SO CIAL SECURITY NO.	17. INFORMAN	NT T		ADDRESS
	?	, in you, give weren or det	23 01 30111007		Mrs	Agnes Pa	rker 930 Wh	itelock St
	1B. //	9 1		CAUSE	OF DEATH	-		INTERVAL BETWEEN
	7 DISEA	SE OR CONDITION D	IDECTI V					ONSET AND DEATH
		LEADING TO DEAT	H	(A)Arterio	sclerot	ic Cardio	vascular Di	sease
3,500	heort foilure	not meon the mode o , osthenio, etc. It meon mplication which caused	f dying, e.g., s the discose.	DUE TO				
	linjory or co	implication which coosed	deom.,					
		OR CONDITIONS, IF		(B)				.,,
	RISE TO TH	IE ABOVE CAUSE (A) S	TATING THE	DUE TO				
	z	NO CONDITION LAST.		(C)		************		
	2	II .						
	O THE	NIFICANT CONDITIONS DEATH BUT NOT RI R CONDITION CAUSIN	ELATED TO T		***************************************			
	19A. DATE OF		NDITION FOR Y	WHICH OPERATION	20A. AUTO		OB. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
	21 A. EXTERNA UNDERLYING UTING CAL		21 B, home etc.)	PLACE OF INJURY (e.g., i form, foctory, street, of	n or obout 21 C	. WHERE DID	f in Boltimore City, gi	ve exoct location)
	21 D TIME OF INJURY	(Month) (Doy) (Yes		1E. INJURY OCCURRED		ULNI DID WOH	RY OCCUR?	
	(APPROX.)	tify that I held an	m. V	Inspection X Auto	ORK L	and that on this	s hasis death in m	ay aninian
		ted fram: Hatural co	-	ccident Suicide	-	-	ndetermined manne	
		17.1		7)		MEDICAL EX	Process.	
	ACTUA		MITTE.	mal.		MEDICAL EX		DATE SIGNED
	SIGNAT	IED'S	, us con			MEDICAL EX		
	NAME (r Breite	enecker, M.D.	AJJOCIA I C	MEDICAL CA	ZIMITI L	1/25/67
	23A. BURIAL CRE		23	C. NAME OF CEMETERY OF	CREMATORY	23 D. LC	CATION (City,	town, or county) (Stote)
	Burial	1/30/	167	Mt Calvary	emet mr	A	A County	Md
		BY HEALTH DEPT.		OF REGISTRAR	24C. FUN	IERAL DIRECTOR	A Country	ADDRESS
		JAN 30 1967	Roberts.	E. FarberMA	Adol	Lphus Hals	stead 1206 N	North Ave
	1					4.7		

JANVS 150-REV. 1/1/65

attendance on the

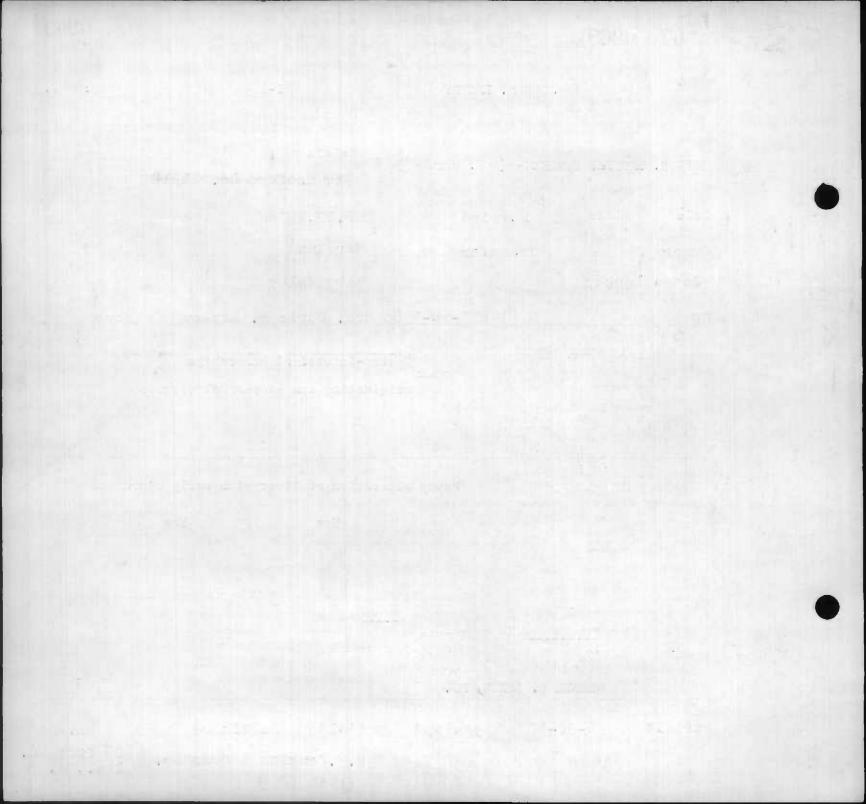
an tall	ORE CITY HEALTH DEPARTMENT 67 0968
	IFICATE OF DEATH Registered No. 07 USDS
M.E. CASE NO. 1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Type or Print) Baker, Mary Amelia	4:20 pm. Jan 27. 1967
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A, STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street	Mal
HOSPITAL OR oddress or locotion) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
1	Battimore 27-07
The Union Memorial Hospital	D. STREET ADDRESS (If rurol, give location)
the viner fieldstat to grant	2800 Heetwood Ave.
5. SEX 6. RACE 7. MARRIED, NEVER MARRI WIDOWED, DIVORCED (s	Lock high days Adopthe Dove House Adop
t white M	12-21-93 73
tOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR done during most of working life, even if retired)	INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife Own Home	Md. American
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ernest F. Panetti	Mary Mason
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY	John A. Baker Same
(Vo	
7001	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Myorardial Infarction Jan 25.1967.
(This does not meon the made of dying, e.g.,	UE TO Jun 27. 190
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	Van 21. 116
ANTECEDENT CAUSES (B)	Hypertensive arteriosalurationaldent years
DISEASES OR CONDITIONS, il ony, giving	Hypertensive orterioschentident years unto disease N. F. Coff- attendig phy.
rise to the obove couse (A) stating the (C	W. J. Cof 5" - allerdy poly.
UNDERLYING CONDITION lost.	
, II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERAT	TION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJ	JURY (e.g., in or about 21 C. WHERE DID (If in Baltimore City, give exact lacation)
DEATH (notify medical examiner) etc.)	, street, office bldg., NJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCU	URRED 21F. HOW DID INJURY OCCUR?
₩ OF INJURY (ARREOY) While At	Not While
AA OLK	At Work
22. I certify that (I) (this haspital) ottended the deceased	from 1.40 pm. Jan 25 1967 104. 20 pm Jen 27 1967
that (1) (we) last sow the deceased alive an 4.20 7m	Jan 27 19 67 and that In(my) (aur) apinion death accurred an the do
and haur and fram the causes stated above. (1) (We) (did) (
23A. SIGNATURE	23B. DATE SIGNED
Lang Won Hong	M.D. Attending Med. Stoff Phys. Fan 27. 1967
23 C. PHYSICIANS	23D. ADDRESS
NAME (Type) DD SANC MON SONC	M.D. UNION MEMORIAL HOSPITAL
DR, SANG WON SONG 24A- BURIAL CREMATION, 24B. DATE 24C. NAME of CEMET	
REMOVAL (Specify)	
Entombment 1-30-67 Lorraine 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Park Baltimore Md.
IAN 20 1007 A 0 3	H W Tonising & Come Co 1.005 Walls Di
JAN 30 1967 1 0 1 9 7 0	AN OF TOTAL MANAGEMENT

Balto., Md.

The Union Memorial Hospital 2700 Fleetwood Ave M of shirt of Housewife Own Hene Mary Mason Ernest F. Ponett. John A Baker 060 nepotandial Infortam dr. T-The man I to Be the species of the 420 Me Jun 27 67 dang win stoney Jan 27 1887

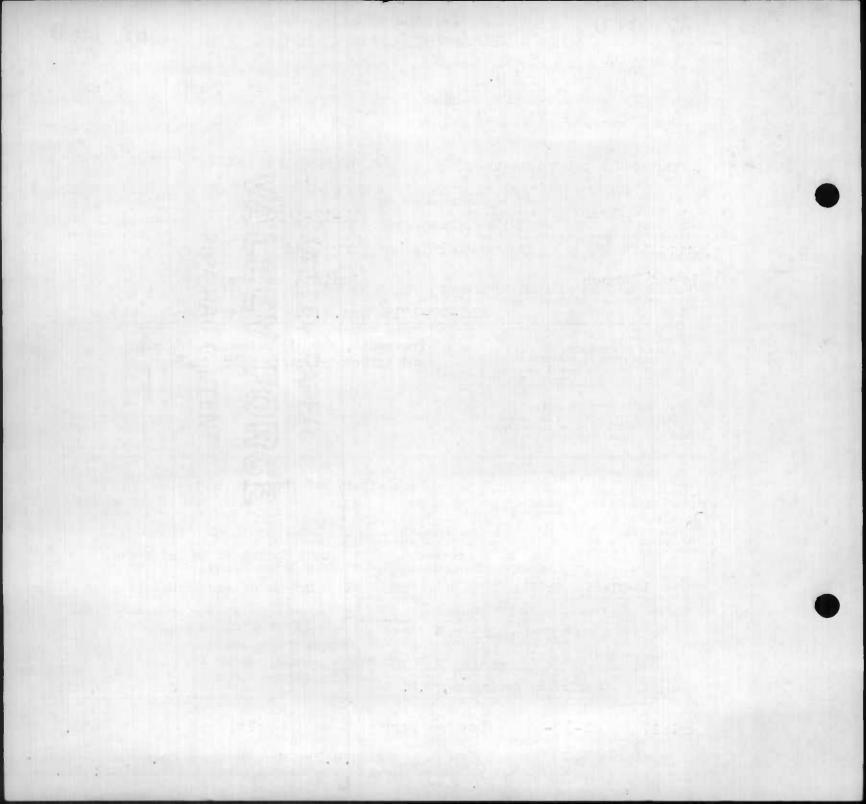
BIR'	TH N67	0969 MEDI		AMINER'S CI		F DEATH Registe	67 0969 red No
	L CASE NO.						
(Ťy	Pe or Print)			A CIPTI		E AND HOUR PRONOUNC	
3. 1	LACE IN BAL	J (TIMORE, MARYLAND, WI		ACKEY		L-26-67 Where deceased lived, II inst	11:00 P.M.
FU	LL NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU		Maryland	8. COU	NTY
114.3	TITO HON				Baltimore		4-02
	1000 E.	HOFFMAN STREE	ET - (An	nb. Crew #3)	D. STREET ADDRESS (1)		18
5. 9	EX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs. Months, Doys, Hours, Min.
	Male	White	Marr	OIVORCED (specify)	Aug. 22,191		Monms Doys Hours Min.
		UPATION (Give kind of work			11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
	^	working life, even if retired)	m	0	Monriond		WHAT COUNTRY?
13.	OWNOP FATHER'S NAM	ME	Trans	rer	Maryland 14. MOTHER'S MAIDEN	NAME	USA
	T	T = = 1					
15	James	Lackey	FORCES?	16. SOCIAL	Mary Welh	y	ADDRESS
		(If yes, give wor or dote:		SECURITY NO.	THE OWN AND		7.00
]	no			219-40-9366	Mrs. Doris	M. Lackev	Above
	1B.	10.			OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION DIE	ECTI V				ONSET AND DEATH
	DISEA	LEADING TO DEATH	(ECIEI	(A) Gas	tro-intestina	l hemorrhage	
	(This does	not meon the mode of	dying, e.g.,	XXXXX	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	······································	
-	injury or co	mplication which coused	deoth.)	ori	ginating frm	esophageal vari	ices
		ANTECEDENT CAUSES					
		OR CONDITIONS, IF A		(B)DUE TO			
	RISE TO TH	TE ABOVE CAUSE (A) ST		501.10			
z	ONDEREIT	NO CONDITION LAST.		(C)			
2							
₹		NIFICANT CONDITIONS					
프		DEATH BUT NOT REL		HE Fatty alto	eration of liv	ver with early	cirrhosis
CERTIFICATION			DITION FOR	WHICH OPERATION	Yes	IN CERTIFYING CAU	SES OF DEATH?
7		L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE I	DID (If in Boltimore City, gi	
MEDICAL		OR CONTRIB-	home etc.)	, lorm, foctory, street, o	office bldg., INJURY OCCL	JR?	
2	OF INJURY	(Month) (Doy) (Yeor	(Hour) 2	1E. INJURY OCCURRED	21F. HOW DIE	INJURY OCCUR?	
	(APPROX.)			VHILE AT NOT	WHILE		
	22.	wife short hold on the					
		rtify that I held an Ir				an this basis, death in r	
	resu	Ited fram: Natural cau	uses X A	Suicid	e Hamicide	Undetermined mann	er
	ACTUA	1 /100.	2)	5 1/1-	CHIEF MEDICA		DATE SIGNED
	SIGNAT		5/2	M.D.	ASSISTANT MEDICA	L EXAMINER XX	
	EXAMII NAME ((Type) WERNER	U. SPIT	Z/MD.	ASSOCIATE MEDICA		1-27-67
	MOVAL (Specil		23	C. NAME of CEMETERY	r CREMATORY	23D. LOCATION (City,	, town, or county) (Stote)
	Burial!	1-30-		Moreland Me	morial	Baltimore	Md .
		JAN 30 196		Fr & Far Dead	TT M. Tanalad	ns & Sons Co	LOOK Want Da
-		- 0 0 100	4	The state of the s			Date of Jime

VS 151-REV. 1/1/65

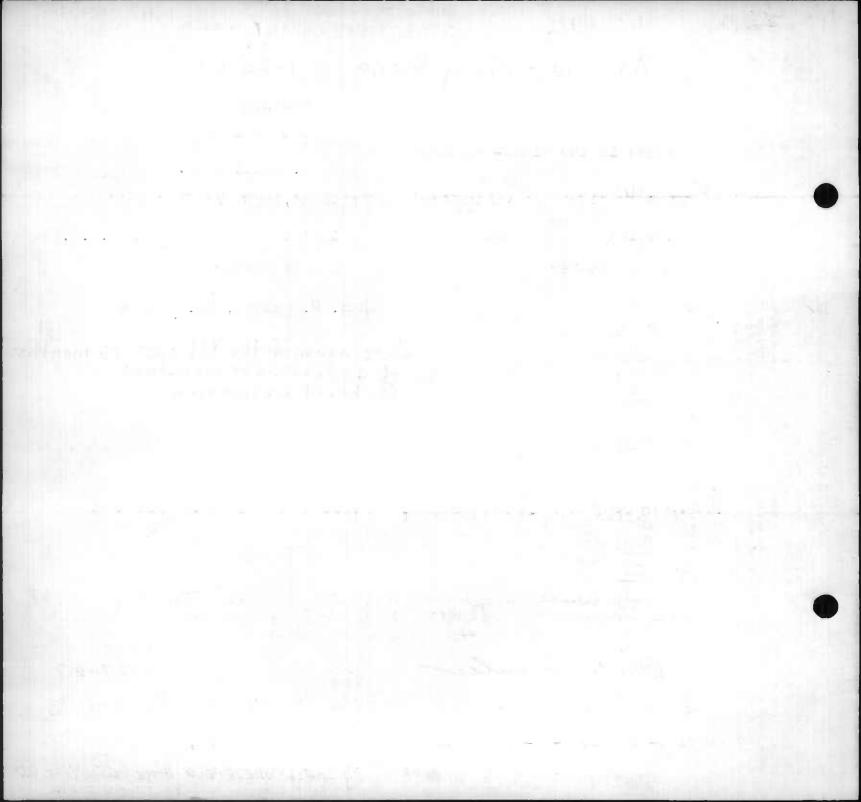


vs 151-REV. 1/1/65 1922

67 BIRTH NO.	0970 MEDI		KAMINER'S CI			EATH Registe	ered 6.7	970		
M.E. CASE NO.										
I. NAME OF DE	CEASED	/ W.			2. DATE AND	HOUR PRONOUNC	ED DEAD			
(Type or Print)	HAF		NER		January	28, 1967	1::	30 A. M		
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE		eceased lived. If ins B. COL	titution: residence b JNTY	efore odmissio		
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT, ADDRESS OR LOCA	AL OR INSTITE	UTION, GIVE STREET	C. CITY OR TO		corporate limits, write	e RURAL ond give	township)		
Maryla	and General Ho	spital		D. STREET ADD			011			
5. SEX	6. RACE	7. MARRIED, WIDO WED,	NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRT		9. AGE (In years lost birthday)	If Under 1 Yr. I Months Doys	f Under 24 Hr Hours Min.		
Male	White	Widow	red	11-13	-1892	74				
	UPATION (Give kind of work working life, even if retired)		F BUSINESS OR INDUSTRY			country)	12. CITIZEN OF WHAT COU	NTRY?		
Execut		Indus	strial Paper	Maryl			USA			
13. FATHER'S NA	M.F.			14. MOTHER'S M	AIDEN NAME					
Alfred	Turner				ta Wate	rs				
	ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS			
No			212-07-1715	Mrs.T.	Guy Tay	lor Jr.	Above	,		
1B. 44. Q	2 V W E	816.5	CAUSE	OF DEATH	-			VAL BETWEEN		
DISCA	OF OR CONDITION DI	DECAL A	Pneum	onia, chr	onic pul	monary emp	hvsema	AND DEATH		
DISEA	SE OR CONDITION DI LEADING TO DEATH									
(This does	(This does not mean the mode of dying e.g.,									
injury or co	heart foilure, ostherro, etc. It means the disease, injury or complication which coused death.)									
	ANTECEDENT CAUSES									
DISEASES	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO									
RISE TO TH	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.									
			(C)							
5	11				71116					
O THE	CONTROL CONDITIONS DEATH BUT NOT RE DR CONDITION CAUSING	LATED TO		strain an	d thorac	ic contusi	on			
19A. DATE O	F OPERATION 198, CON WAS PER	IDITION FOR	WHICH OPERATION	20A. AUTOPSY Yes	? (Yes or No) 20	OR IF YES, WERE FIND CAU	INDINGS CONSIDI	ERED		
21 A. EXTERNA	AL CAUSE WAS	21B.	PLACE OF INJURY (e.g., e, form, foctory, street,		WHERE DID (If		ive exact location)			
UNDERLYING	USE OF DEATH.	etc.)	street			g at Rolan				
E 21 D TIME	(Month) (Doy) (Yeo	r) (Hour) :	21E. INJURY OCCURRED		OW DID INJUR					
OF INJURY (APPROX.)	OF INJURY									
22.	rtify that I held an I	nquiry 🗌	Inspection Aut	apsy X an	d that an this	basis, death in	my apinian			
resu	Ited fram: Natural ca	uses	Accident X Suicid	e Hamic	ide Un	determined mann	er 🗌			
	M 1	n -			EDICAL EXA	MINER				
ACTUA		7	harek	ASSISTANT M	1.00	Chromat .	DAT	TE SIGNED		
SIGNAT			M.D.	ASSOCIATE N						
NAME :	(Type) Charles	S. Spri	ngate, M.D.	AJJOCIATE	ALDICAL LA	J	anuary 29	, 1967		
23A. BURIAL CR		23	C. NAME OF CEMETERY	CREMATORY	23 D. LO	CATION (City	, town, or county)	(Stote)		
Burial	1-30-		Loudon Parl		Bal Bal	timore	ADDRES	Md.		
- Note that the same	TANGO		E. Fallema	H.W.J	enkins	& Sons C	0.4905 Y	ork Rd		
VC 161 BEV 1/1	115 . 10	10000	- Calley Mal	0.00	7 0		Balto.	,Md		



3	67 0974 BALTIMORE CITY	HEALTH DEPARTMENT	67 0971
	RTH NO. 67 0971 CERTIFICA	TE OF DEATH Registered No.	
115	I.E. CASE NO.	2. DATE AND HOUR OF DEATH	
- Jo	PLACE OF DEATH IN BALTIMORE, MARYLAND		
3	PLACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If in	M.
		A. STATE B. COUNTY	17
	FULL NAME OF (If not in hospital or institution, give street	Maryland	13011
	HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write R	URAL ond give township)
di	^	Catonsville	33-00
1	House in the Pines-Belvedere	D. STREET ADDRESS (If rurol, give location)	
<u>o</u>		S. Rolling Rd.	
9 5 5	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
E	Female White Widowed	April 28,1892 74	170011113
2	A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
o d	one during most of working life, even if retired)	37.	WHAT COUNTRY?
5	Housewife Home	Virginia 14. MOTHER'S MAIDEN NAME	U.S.A.
Ö			
2	James Etcher	Eugenia Hauser	
100	es, no or unknown) (If yes, give wor or dotes of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
final disposition	No	Chas. H. Moland, Jr.	Same
	18. / CAUSE O		INTERVAL BETWEEN
ō			ONSET AND DEATH
6	LEADING TO DEATH	scinoma of the Uters generalized metas	ist 11 months
<u> </u>	(This does not mean the made of dying, e.g., DUE 10,	1:- ad 10:0 kg	
D Q	heall failure, asthenia, etc. II means the disease, injury at camplication which caused death.)	generalized meras	ruses,
embalmed	ANTECEDENT CAUSES	eneral emaciation	
	DISEASES OR CONDITIONS, if any, giving		
0 0	lise to the above cause (A) stating the (C)		
us u	UNDERLYING CONDITION last.	**************************************	· · · · · · · · · · · · · · · · · · ·
remains			
E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
as II'	DISEASE OR CONDITION CAUSING IT.		
the	194. Date of Operation 198. CONDITION FOR WHICH OPERATION WAS PERFORMED LOCAL OF USE OF THE PROPERTY OF THE PR	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE F	INDINGS CONSIDERED
betore		No	
9	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i or CONTRIBUTING CAUSE OF home, form, foctory, street, o	n or obout 21C. WHERE DID (If in Boltimore ffice bldg., INJURY OCCUR?	City, give exact location)
0	DEATH (notify medical examiner) etc.)		
60	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
Ē :	While At Work At Wark		
010	22. I certify that (1) (this hespital) ottended the deceased from Al		uary 1967.
0			34.7
De	that (1) (we) lost saw the deceased alive on January	19 6 7 ond that In(my) (oor) apir	nion death occurred on the date
ts l	and hour and from the causes stated above. (1) (We) (did) (did not)	view the body ofter deoth.	
E	23A SIGNA URE		23B, DATE SIGNED
=	Elle C. Fremler A.D. Phy	ending Med. Stoff Phys.	1-27-67
approva	23C. PHISCIAN'S	23D. ADDRESS	
D.	Nahn C. Dimler M.D.	3350 Wilkens Aug.1	In Himman Md
2	AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	01.101.101.1	v. lown, or county) (Stote)
	REMOVAL (Specify)		
11	Burial-Transit 1-26-67 Union 5A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR		rginia
2	5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	18N 20 1007 (04 6-2 Saulaum)	MITCHELL- WIEDEFELD H	OME 6500 YORK RD
V	150-REV. 1/ 45111 0 0 000	BA	LTO. MD. 21212



258. NAME OF REGISTRAR

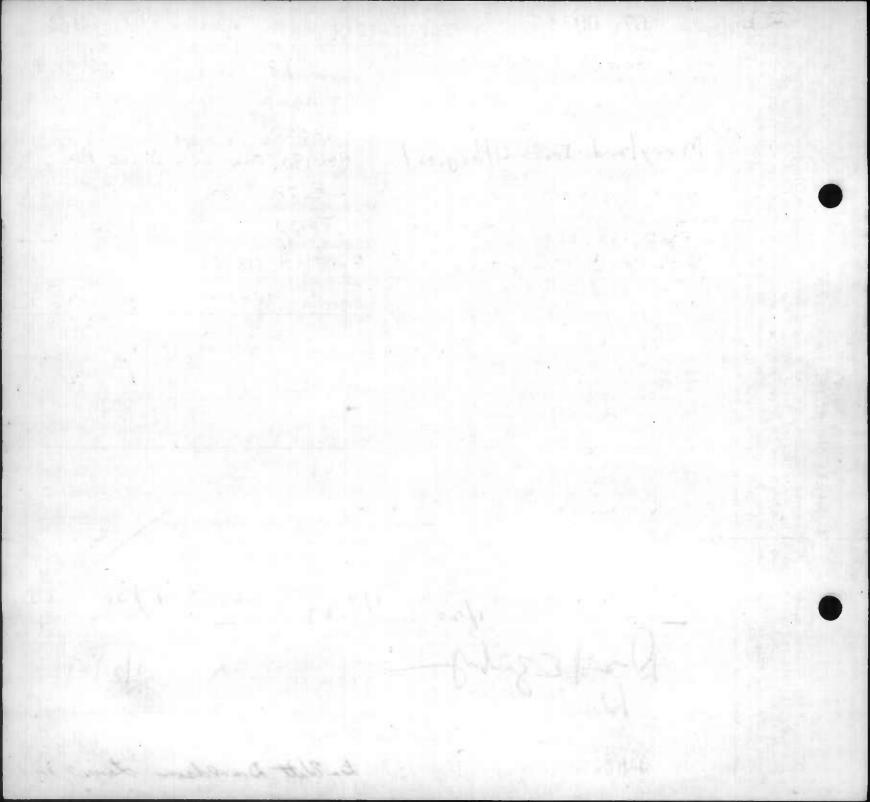
25C. FUNERAL DIRECTOR

Was

VS 150-REV, 1/1/65

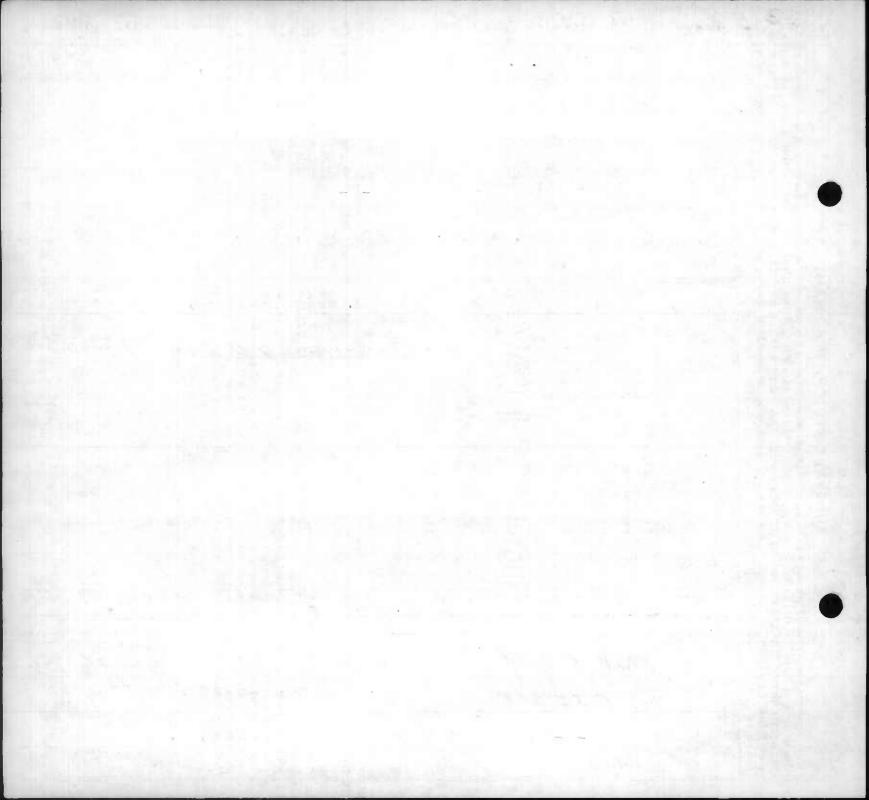
BALTIMORE CITY HEALTH DEPARTMENT

Registered Na.



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

	67 09	70	BALTIMORE CITY	HEALTH DEPARTMENT		0050
BIRTH NO.	0.0	10	CERTIFICA	TE OF DEATH	Registered No.	67 0973
NAME OF DE	E CEA SED			2. DATE A	ND HOUR OF DEATH	
Type or Print)	Wille	m F. L.	Van Der Heyden		mary 27, 196;	7 7 7 7 7
PLACE OF D	EATH IN BALTIMORE		0	4. USUAL RESIDENCE (WH	ere deceased lived. If in	stitution: residence before admission
				A. STATE B. COU	INTY	
FULL NAME	OF (If not in hosp R address or loc	pitat ar institutio	on, give street	C. CITY OF TOWN (If o		
INSTITUTION					iutside city limits, write l	RURAL and give township)
)	321 Ya	le Avenu	P	Baltimore D. STREET ADDRESS	E suital advantage (Carlotter)	20-00
	JET JU	, CC / 1 C C C		2.0	f rural, give lacation)	
				321 Yale Av		
SEX	6. RACE	7. MARRI	ED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years tast birthday)	If Under 1 Yr. If Under 24 Hr. Months; Doys Hours; Min.
(1)	wh	Ma	rried	3-22-1906	60	
			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
one during most	of working life, even if reti		0 1.	0.:1.0.11.00	and North or lan	
FATHER'S N	MR AME	lide L	ry Docks	Buiksloot, Holls	and, remember	as nouseur
TOTAL STATE		lan Der ti	laudan	THE PROPERTY OF THE PARTY OF TH		
	V	an ver n	equel.			
. Was Decees	ed Ever in U. S. Armed	Ferces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	No		214 38 9964	Mrs. Arnolda Van	Dertleuden. 32	1 Yale Ave
1B, /	- 10		CAUSE O		1	INTERVAL BETWEEN
16	ASE OR CONDITION	DIRECTLY				ONSET AND DEATH
DIZE	LEADING TO DEA		Car	anomo,	O. It howar	9 months
(This does	nat mean the made	of dying, e	.g., DUE TO	wind)	g wing	- francisco
heart failur	e, osthenia, etc. It me	eans the disea	se,		/ (/	
injury ar c	amplication which cou				V	
	ANTECEDENT CAL	JSES	DUE TO			
	OR CONDITIONS,		•			
	the abave cause NG CONDITION last		the (C)			
0110011011		•				
OTHER SIG	II SNIFICANT CONDITION	IS CONTRIBUTE	nN G			
TO THE	DEATH BUT NOT	RELATED TO				
DISEASE C	OF OPERATION 198.		OR WHICH OPERATION	20A. AUTOPSY? (Yes or 1	No. 208 IF YES WEDE	FINDINGS CONSIDERED
19A. DATE	WAS	PERFORMED	OK WHICH OFERATION	AGIOFSI; tres of	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A ACCIE	DENT WAS UNDERLYIN	16 -	21P BLACE OF INITIBY (:	a about 21 C WHERE DID	(If in Politica	City single services
OR CONTR	BUTING CAUSE OF	10	21B. PLACE OF INJURY (e.g., i hame, form, foctory, street, a	ffice bldg., INJURY OCCUR?	tir in politimare	City, give exact location)
DEATH (not	tify medical examiner)		etc.)			
21 D. TIME	(Month) (Day) fY	(ear) (Haur)	21E, INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
OF INJURY			While At Not While	e		
17.11.11.07.07			Wark At Wark		111	
22. I certi	fy that (1) (this hosp	pital) attende	d the decegsed fram	moy 24	1966 10 you	mary 27 1967
that (1) (#	(a) last saw the dece	eased alive a	n Generars	120/467 and	that in (my) (our) api	nian death accurred on the do
and hour e	and from the courses	stated above	. (I) (We) (did) (did not)			V .
23A. SIGNA		310100 00010	. (1) (110) (010 110)	new the body offer death	•	23 B. DATE SIGNED
2571 510117	11 1.	neal	M.D. Atte	ending Med.	Stoff -	0 1 28 1967
		Zuege		s. Director	Phys.	yon. 20, 110/
23C. PHYSIC NAME	CIAN'S (Type)	0		23D. ADDRESS	11.1110 01	WATE I MA
P	9116 R. ZIA	EGLER	M.D.	200 CHEST NUT	HILLDR. ELA	16011 44) 1103
AA. BURIAL C			NAME of CEMETERY of CR	EMATORY 124D.	LOCATION (Ci	ty, tawn, ar county) (State)
REMOVAL	L (Specify)	,			44. 4	.,,,,,, (31016)
Burial			Loudon Park Cene	0	altimore, Md.	
SA. DATE REC	D BY HEALTH DEPT.	258. NAN	E OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
	JAN 30 196	1 De Par	by E Harberta	I homas J. Ken	4 Inc 1600 H	ollins St
S 150-REV. 1/	1/65		7 7 7 7	U U 7 7 7	ed.	



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prior to death.

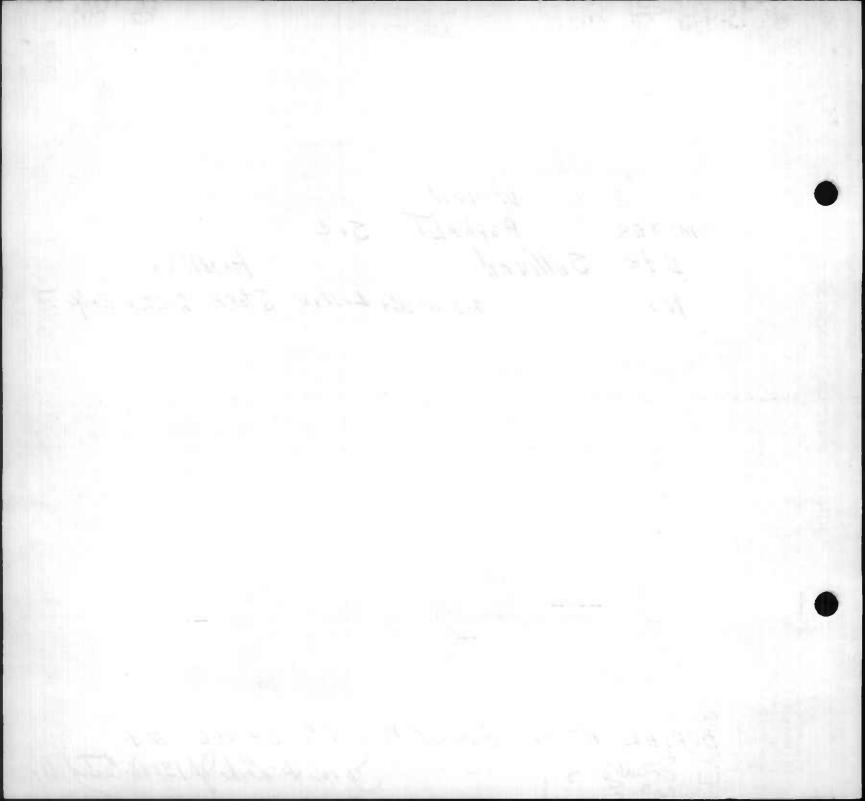
BALTIMORE	CITY	HEALTH	DEPARTMENT	
	-			

415 67 0975		HEALTH DEPARTMENT	Registered Na.	67 0975
M.E. CASE NO.	CERTIFICA	TE OF DEATH		
1. NAME OF DECEASED (Type or Print)		1	D HOUR OF DEATH	
3. PLACE OF DEATH IN BALTIMORE MARYLAND			167 10:4	/ / /VI
THE THE PERSON OF PERSON OF THE PERSON OF TH		4. USUAL RESIDENCE (When A. STATE B. COUN	ITY	stitution: (asidenca betara admission)
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddross or location) INSTITUTION	ian, gıva straat	Maryland	tside city limits, writa l	RURAL and give township)
JOHNUS HOPKINS HOSPITAL		Baltimor	rural, give locotion)	8-0/
Jo Mar Mot Miles				74
S. SEX 6. RACE 7. MAR	RIED, NEVER MARRIED	1	t Biddle S	If Under 1 Yr. , If Under 24 Hrs.
	OWED, DIVORCED (specify)	4/18/85	lost birthday) 81	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIN	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or form	ign country)	12. CITIZEN OF WHAT COUNTRY?
done during most al working life, even if refired)	SPhALL	5, C		WHAT COUNTRY:
13. FATHER'S NAME	111112	14. MOTHER'S MAIDEN NA	ME	
Ade Sulliy,	91/	b	HAMN E	2 /
15. Was Docaased Ever in U. S. Armad Forcas? (Yes, no ar unknown) (If yas, give war ar datas af serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT	- / /	ADDRESS
Ne	213-10-7364	LIIIE 0	Tokes 21	22 x. Wolfe II
18. 2 2 1 9	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		4		ONSET AND DEATH
LEADING TO DEATH	e.g., (A) DUE TO	DIAC ARREST	***************************************	
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc	e.g., DUE TO			
injury or complication which coused death.)	/1/1/02	WIC LUNG DISE	705	10.0
ANTECEDENT CAUSES	DUE TO	MIC CUNOS DISA	(1.02.6K	
DISEASES OR CONDITIONS, if any, gi				
UNDERLYING CONDITION Inst.	(0)	AHHHHHHHHHHHOOMHHHHHOOMOOMOOONOOOOOOOO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION I WAS PERFORMED U 21A. ACCIDENT WAS UNDERLYING				
19A. DATE OF OPERATION 19B. CONDITION I	OR WHICH OPERATION	20A. AUTOPSY? (Yas ar No	20B. IF YES, WERE	FINDINGS CONSIDERED
ER		yes	No	
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examinar) 21 D. TIME (Month) (Day) (Your) (Haur) OF INJURY	21B. PLACE OF INJURY (e.g., i hama, farm, factory, streat, a etc.)	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimare	a City, give axact lacation)
Q 21D. TIME (Month) (Day) (Your) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Not While Work At Work			
22. I certify that (1) (this hospital) attend			10/7	1/2/ 10/7
	1			
that (I) (we) last sow the deceased alive			at in (my) (aur) opi	nian death accurred an the date
and haur and fram the causes stated above	e. (1) (We) (did) (did not)	view the body after death.		Tein DATE CIONED
1 1 1 0 /	M.D. Att	ending Med.	Stoff -	23B. DATE SIGNED
Senuth J. Dreyban	Phy	s. Diractor	Phy s.	1/26/67
PHYSICIAN'S NAME (Type)		23D. ADDRESS	//	
KENNETH L. BRIGHAM	M.D.	JOHNS HOPKINS	HORPITAL	The Late of the La
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (C	ty, town, or county) (Stata)
BURIAL 1130/67	Carper M.	em . Th. 21	AUREL.	Md-
2SA. DATE REC'D BY HEALTH DEPT. 2SB. NA.	ME OF REGISTRAR	2SC. FUNERAL DIRECTOR		ADDRESS

25B. NAME OF REGISTRAR JAN 30 1967

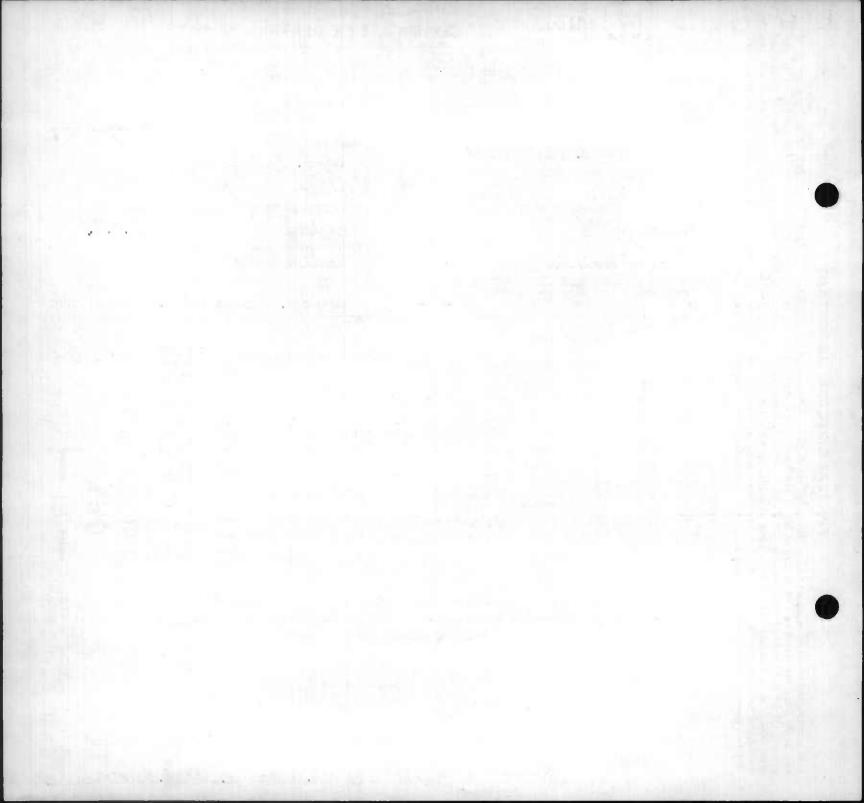
2SC. FUNERAL DIRECTOR

VS 150-REV. 1/1/6S



VS 150-REV. 1/1/65

	OM OOM		BALTIMORE CITY	HEALTH DEPARTMENT		67 0976		
BIR	тн но. 67 097	6	CERTIFICA	TE OF DEATH	Registered Na.	07 0375		
1.1	E. CASE NO. NAME OF DECEASED pe or Print)			2. DATE	AND HOUR OF DEATH	(7		
3.	Let PLACE OF DEATH IN BALTIMORE, A		tha Kahler		mary 29, 190	estitution: residence before admission)		
				A. STATE B. CO	UNTY			
	FULL NAME OF (If not in hospit HOSPITAL OR oddress or loca INSTITUTION		ion, give street		outside city limits, write I	RURAL and give township		
17				Baltimore D. STREET ADDRESS	(If rurol, give location)	6-01		
6	104 N. E			104 N. Ea	st Avenue			
F	Female White	WIR	RIED, NEVER MARRIED DWED, DIVORCED (specily) LIVILED	8/17/1896	9. AGE (In years lost birtiday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	A USUAL OCCUPATION (Give kind of water during most of working life, even if retire Housewife		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or for Maryland	oreign country)	12. CITIZEN OF WHAT COUNTRY?		
13.	FATHERS NAME Gustav Kaminsk	i		14. MOTHERS MAIDEN N Pauline R				
	Was Deceased Ever in U. S. Armed is, no ar unknown) (If yes, give war ar d		16. SOCIAL SECURITY NO. 218-05-5883	17. INFORMANT George W.	Kahler 104 N	N. East Avenue		
	18. 4 16 VI		CAUSE O	DEATH		INTERVAL BETWEEN		
	DISEASE OF CONDITION	DIRECTLY		1 1 0 1	1 .	ONSET AND DEATH		
	LEADING TO DEAT		(A) Core	eral mer	rusina	sudden.		
	(This does not mean the mode heart foilure, asthenia, etc. It med	7						
	injury or complication which cous		RIM	mate C.	U. D. E	1902		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which coused death,) ANTECEDENT CAUSES (A) Crebral Embolism DUE TO (B) Resultable C.U.D. T. 1902							
	DISEASES OR CONDITIONS, it is to the obove couse (A UNDERLYING CONDITION lost.		the (c)	rul Fibre	llation	1948		
	11							
ATION		ELATED TO	THE					
ERTIFIC	19A. DATE OF OPERATION 19B. C. WAS F	PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
CAL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)		21B. PLACE OF INJURY (e.g., in home, form, loctory, street, of etc.)	or obout 21 C. WHERE DID	(II in Boltimore	e City, give exoct locotion)		
EDI	21 D. TIME (Month) (Doy) (Ye	or) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?			
AE	(APPROX.)		While At Not While At Work	· 🗆				
	22. I certify that (I) (this haspi	tal) attend	ed the deceased from	3/29	1947 to 11	29 1967.		
	that (I) (we) last saw the deced	sed alive	an 1/6	19 6 7 and	that in (my) (out opi	nian death accurred on the date		
	ond haur and fram the causes s	tated abov	re. (I) (We) (dil) (did not) v	iew the bady after deat	h.			
	23A-SIGNATURE	ha	AMCALL M.D. Atte	nding Wied.	Stoll Phys.	23B. DATE SIGNED		
	23C. PHYSICIAN'S NAME (Type)	100		23D. ADDRESS	T Now	4 50		
24	A. BURIAL CREMATION, 1248, DATE	0/	C. NAME OF CEMETERY OF CRE	MATORY 124D	LOCATION (C)	14 Hue.		
	REMOVAL (Specify)	000				ly, town, or county) (Stote)		
25	Burial 2/2/1	90/	Schwartz (eme		Baltimore,			
23/	A. DATE REC'D PANEATH DEPT.	Po Co	15 E La Cabental	John A. Mona		F Baltimone Cd		
	100 000 100 100 100	***		The state of the s	the state of	· www.ne Jt.		



Balto. Nd 21212

ANTONE MARGARET ELICA LY JAN ET 9116 F UNION MEMORIN HOSP BALTINEES 1607 W000 300 EDE ADE MARRIED 03-31-01 57 MARKARD USA NONE HARRIETTE BLATTHE JOHN F. CLARK Bed a Law seed . .se CUA

30 1967

25A. DATE RECED

VS 150-REV. 1/1/65

ed ermen

25B, NAME OF REGISTRAR

Ginn

TONERAL DIRECTOR

BIRTH NO.

(Type or Print)

M.E. CASE NO.

3. PLACE OF DEATH IN

Such

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shows:

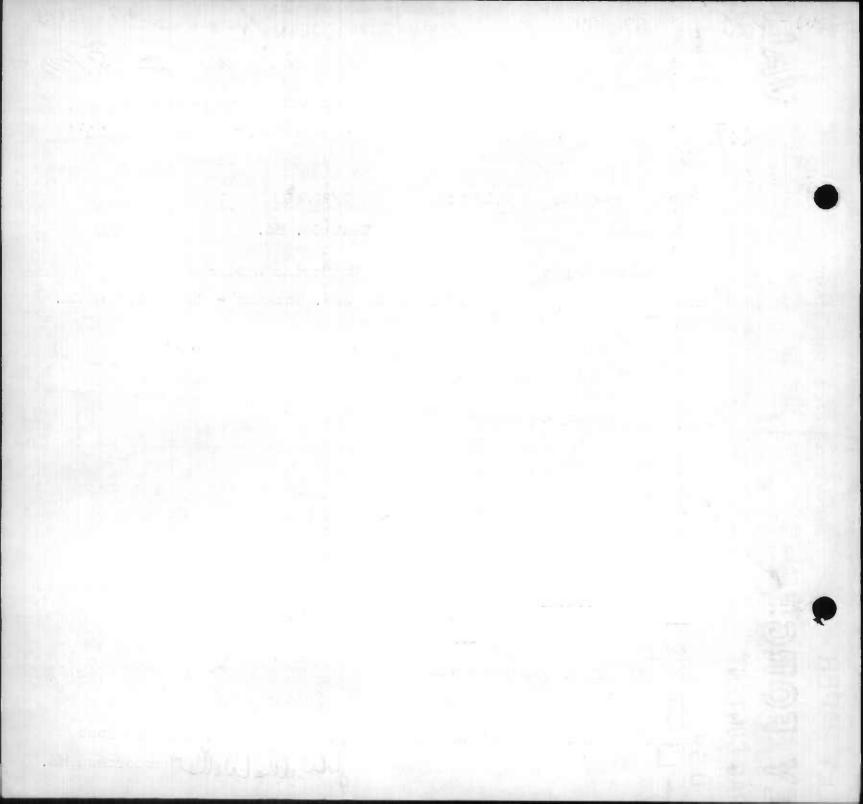
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH Jan. 25 4. USHAL RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY (If outside city limits, write RURAL and give township) If Under 1 Yi. If Under 24 Hrs. Hours Months Doys 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (our) apinion death accurred on the date 23B, DATE SIGNED (City, lown, at county) (Stote)

ADDRESS

VS 150-REV. 1/1/65

Such

	BALTIMORE CITY	HEALTH DEPARTMENT		67 0070
BIRTH NO. 67 0979 M.E. CASE NO.	CERTIFICAT	TE OF DEATH	Registered Na.	07 0973
1. NAME OF DECEASED	V5.	4. USUAL RESIDENCE (V	AND HOUR OF DEATH	8 Hm M.
FULL NAME OF (If not in hospital or institution, give address or location) INSTITUTION Solows Hopkins Hospital Baltmare May land	e street	Maryland c. city or fown (IF Chesterto		RURAL ond give township)
5. SEX 6. RACE 7. MARRIED, N WIDOWED,		A DATE OF BIRTH	9. AGE (In years lost birthdoy)	II Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BI done during most of working life, even if retired) Housewife 13. FATHER'S NAME	USINESS OR INDUSTRY T	2/20/88 11. BIRTHPLACE (Stote of Kent Co. Mo 4. MOTHER'S MAIDEN	i.	12. CHIZEN OF WHAT COUNTRY? USA
Wilson Capps 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(IIf yes, give war ar dates of service)	6. SOCIAL 1	Catherine		ADDRESS
no	216 18 2126	Jas. Watl	kins - Ches	tertown, Md.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving	CAUSE OF (A) DUE TO		Esophegics	INTERVAL BETWEEN ONSET AND DEATH
rise to the above couse (A) stating the UNDERLYING CONDITION lost.	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WH WAS PERFORMED WAS PERFORMED AND CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 10 CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	Sopkugue	or about 21C. WHERE DIE	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? re City, give exact location)
0	At Not While At Work		INJURY OCCUR?	
22. I certify that (1) (this hospital) attended the that (1) (we) last saw the deceased alive an and hour and from the causes stated above. (1) (234/SUGNATURE E Brooklove 23C. PHYSICIAN'S NAME (Type) C FATRICK E, Brooklove	(We) (did) (did nat) vi M.O. Atten Phys.	ding Med. Director BD. ADDRESS	Stoff Phys. X Hopkins	inian death accurred an the date 23B DATE SIGNED AND THE SIGNED Hozala
REMOVAL (Specify)	AE of CEMETERY of CREA	The state of the s	Still Pond,	Maryland (Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIREC	TOR Ch	ADDRESS Md



BALTIMORE CITY HEALTH DEPARTMENT

Jeck Mark Md.

K-25/

ыктн 6.7	0981 MED		BALTIMORE CITY HEAL'S CE		F DEATH Register	ed No.67 0981
M.E. CASE NO.	CACED			2 0475	AND HOUR PRONOUNCE	DEAD
(Type or Print)	14	TZ A	SCHENBACH (KA		nuary 25, 1967	10:45 A
	GEORGE TIMORE MARYLAND, V			4. USUAL RESIDENCE (WI	here deceased lived. If institu	ution: residence before odnission)
					B. COUN	ITY
FULL NAME OF	(IF NOT IN HOSPIT		UTION, GIVE STREET	Maryland c. city or town (if or	utside corporate limits, write	RURAL and give township)
INSTITUTION"	A DONEST ON BOO			Baltimor	0	1/-01
	Office of the	Chief	Medical	D. STREET ADDRESS (If a		7-01
	JIIICE OI CHE	OHILLI	Examiner	Anchor H		
5. SEX	6. RACE	7. MARRIED,		B. DATE OF BIRTH	IO ACE (In years	If Under 1 Yr. If Under 24 Hrs.
Wal-	Lib # + o	-	DIVORCED (specify)		lost birthday	Months Doys Hours Min.
Male	White		ngle	Sept. 15,1	925	12. CITIZEN OF
done during most of	working life, even if retired)				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	WHAT COUNTRY?
MALII GOI	nance-Man	J	Church	WILKES-Bar		U.S.A.
		1				
S WAS DECEASE	John H. K.			Bertha 17. INFORMANT	E. Jacobs	ADDRESS
Yes, no or unknown	of the ses, give wor or do		SECURITY NO.			626 S. Grundy S
Yes	W. W.	LL	199-12-3050	Bertha E.	Kaschenbach	Balto., 24, Md
1B. 7	000	320	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION D	IRECTLY				ONSET AND DEATH
	LEADING TO DEAT	Н	Drowning	3		
heart failure	not mean the mode o , osthenio, etc. It mean	s the discose,	DUE TO			
rnjury or co	mplication which coused	deoth.)				
	ANTECEDENT CAUS	ES	(R)			
DISEASES RISE TO TH	OR CONDITIONS, IF	ANY, GIVING	DUE TO			
UNDERLYII	NG CONDITION LAST.		(4)			
ŏ			(0)			
OTHER SIG	II NIFICANT CONDITIONS	CONTRIBUTI	NG			
TO THE	DEATH BUT NOT R	ELATED TO		lcoholism		
 	OPERATION 198, CO		WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208, IF YES, WERE FIN	DINGS CONSIDERED
0	WAS PE	RFORMED		No	IN CERTIFYING CAUSE	S OF DEATH?
	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DI	D (If in Boltimore City, give	e exact location)
	NOR CONTRIB-	hometc.)		ffice bldg., INJURY OCCUR	alls Ave, & Pra	tt St Bridge
7	(14 d) (5) (V	11 11	Water		INJURY OCCUR?	ce Se. Bridge
OF INJURY	(Month) (Doy) (Ye		21E. INJURY OCCURRED			ako a cuim
(APPROX.)	1 25 6	7 5:30 _m	WORK NOT	WHILE Alleged	lly wanted to t	ake a swim.
22. I cer	tify that I held an	Inquiry	Inspection x Aut	apsy ond that ar	n this basis, death in my	y apinion
-	Ited from: Natural c		Accident X Suicide		Undetermined manner	
1630	1/2/1		1	CHIEF MEDICAL		
ACTUA	L V/	no Di				DATE SIGNED
SIGNAT	. / 2	MIM	M.D.	ASSISTANT MEDICAL		
EXAMIN NAME (er Brei	tenecker, M.D.	ASSOCIATE MEDICAL	_ EXAMINER	1/25/67
23A, BURIAL CRE	71		C. NAME of CEMETERY o	CREMATORY 23	D. LOCATION (City,	town, or county)(Stote)
REMOVAL (Specif	у)					Ealto
Bur1	1 1 30	-67	Baltimore	MAPTOTIST	5501 Frederi	
Z4A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DIREC		Conkling St.
	JAN 3 0 1967	R. Con !	F & Janbanta	Charles &		.,21224, Md.
VS 151-REV. 1/1/				The transfer of		1

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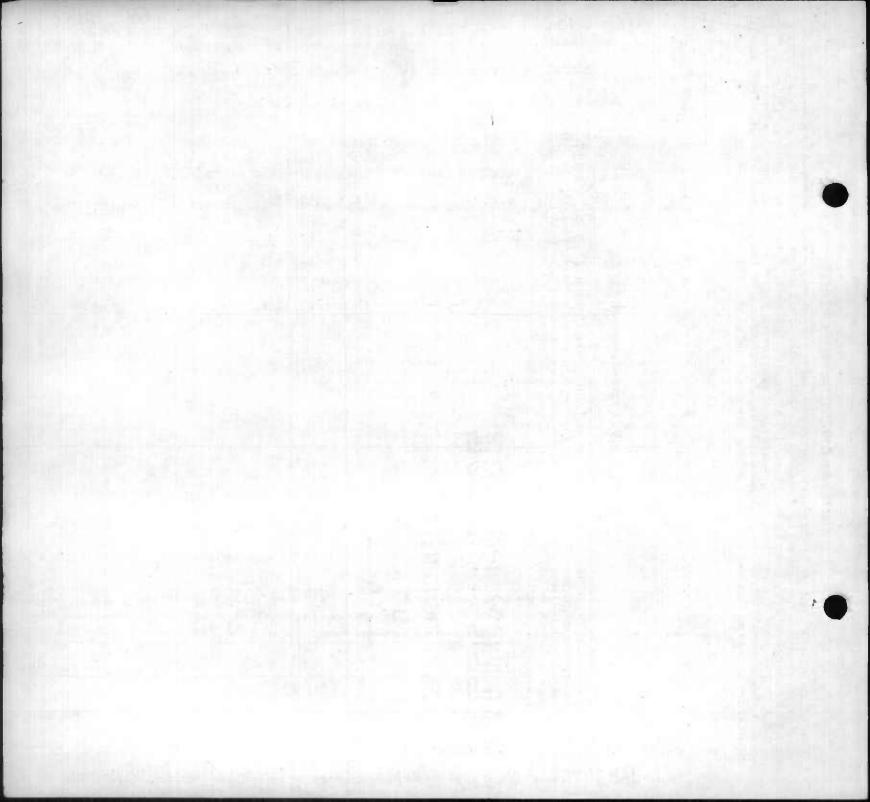
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death.

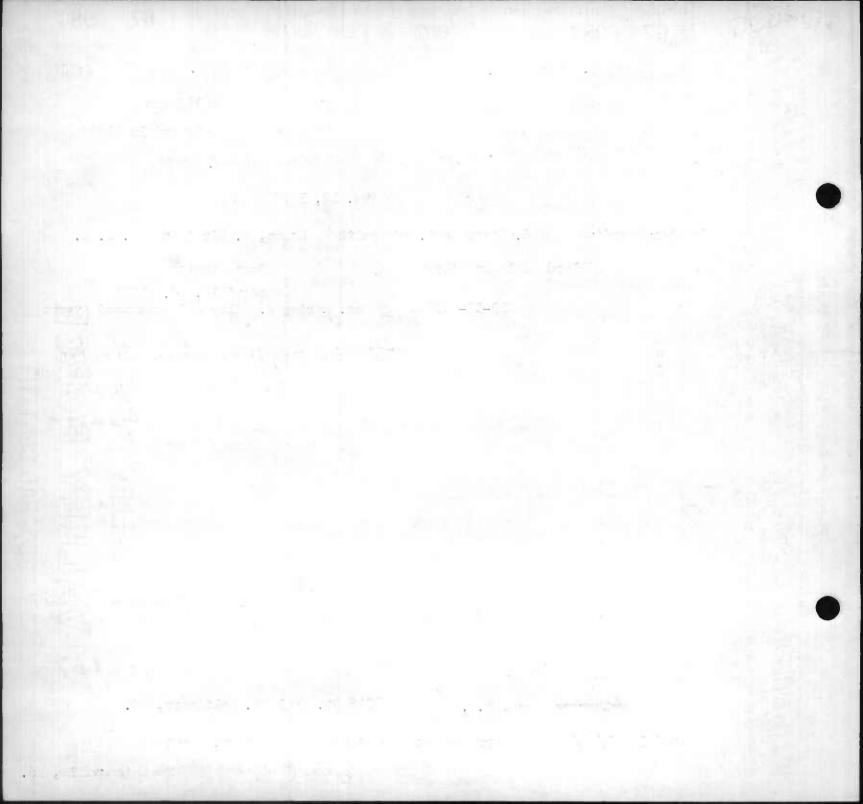
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and

113		CM 0000		BALTIMORE CITY	HEALTH DEPARTMENT		67 0982
2	ALE CASE NO.	67 0982		CERTIFICA	TE OF DEATH	Registered Na.	07 0982
1.	NAME OF DECI	EASED				ND HOUR OF DEATH	
		Carol	ine Hor	st	Jan.	28, 1967	6:15 am M.
					A. STATE B. COUN	ITY	
	FULL NAME O HOSPITAL OR INSTITUTION	F (If not in hospital oddress or location	or institution, g	give street	Maryland 212:	12 tside city limits, write	RURAL and give Jownship
	2	The Hous	e of the	e Pines	Baltimore		97-48
1)		lair Ro		704 Gittings	turol, give location)	
5.	SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	Female	White	Marr), DIVORCED (specify) 하요라	Annil 5 1885	lost birthdoyl	Months Doys Hours Min.
	A. USUAL OCCL	JPATION (Give kind of work	10B, KIND OF	BUSINESS OR INDUSTRY	April 5. 1885	ign country)	12. CITIZEN OF WHAT COUNTRY?
d	Homems	working life, even if retired) aker			Baltimore, Md.		USA
1:	B. FATHER'S NAM	A E	1		14. MOTHER'S MAIDEN NA	ME	COA
	Henry	y Moehlman			Barbara Bed	k	
13	. Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
1	No	(If yes, give wor or dote	s of service!	217-09-3498B	Thomas William	Wanet (Une	hand \ Come
-	18. 41	0.01		CAUSE O		Horse (nus	INTERVAL BETWEEN
	DISEAS	E OR CONDITION DIR	RECTLY	A .			ONSET AND DEATH
		LEADING TO DEATH		(A) AR	TERIOSCLEN HEART 2	OTIC	10 years
	heart failure,	ol mean the mode of asthenio, etc. It means	the diseose,	DUE TO	HEART Z	DISEASE	
		plication which caused	death.)	/ Ph			·
		ANTECEDENT CAUSES		DUE TO	***************************************		
		OR CONDITIONS, if obove couse (A)		(C)			
	UNDERLYING	CONDITION last.					
:	OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTING	3			
	TO THE DI	EATH BUT NOT RELA	TED TO THE				
1	19A. DATE OF		DITION FOR V	VHICH OPERATION	20 A. AUTOPSY? (Yes or No	10 CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
	21 A. ACCIDEN	NT WAS UNDERLYING	21 B,	PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimor	re City, give exact location)
	OR CONTRIBU	medical examines	100 hom		fice bldg., INJURY OCCUR?		
	21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
11:	(APPROX)		Whi	le At Not While	•		
	22. I certify	that (1) (this hospital	attended th	ne deceased fram		1936 to Jan	mary 28 1967.
	that (1) (we)	last saw the decease	d alive an	January &	-1 (7	T	inian death accurred an the date
	and hour and	from the causes stat	ed abave. (1) (We) (did) (did nat) v	iew the bady after death.		
	23A. SIGNATU	RE 1 11 m					23B. DATE SIGNED
	Min.	Chagai	X	M.D. Atte	ending Med. Director	Stoff Phy s.	Jan 28, 1967
	23C. PHYSICIA	N'S yrge) C O / V / /	Engl		23D, ADDRESS	Dans 6	Paltimore of h
	Dr, F	たろ、じ月中人	MAN	M.D.	GAIO JORK	KOAD, R	may enough 12.1M
2	AA. BURIAL CREA REMOVAL (S		24C. NA	ME of CEMETERY of CRE	MATORY 24D. L		ity, town, or county) (State)
	Buria		7 Wils		Church Cemetery	Long Gree	
2	DA, DATE REC'D	BY HEALTH DEPT.	258. NAME O	PF REGISTRAR	Eugenia K. S		ADDRESS
	C 160 BEN 1717	JAN 3 0 1967	0.00	- E Stanbould	Seitz Funera	1 Home Bal	York Rd. to. Md. 2 1212
٧	3 130-KEV. TAT/0	,,,	1 - 20%		J U 7 U 2.		102

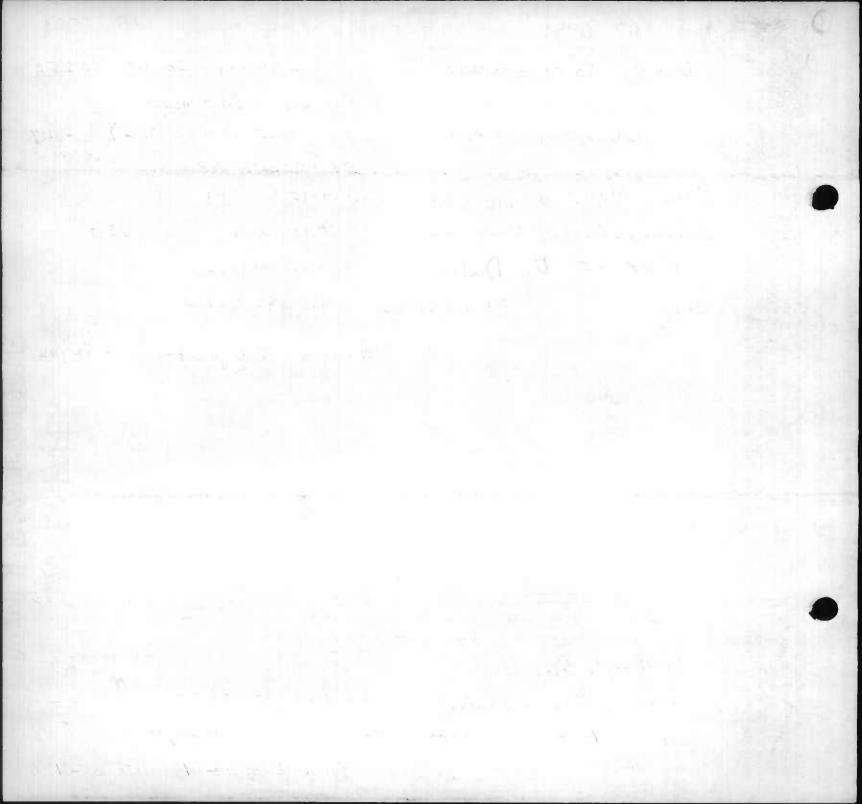


the come of		BALTIMORE CITY	HEALTH DEPARTMENT	/	67 0000
IRTH NO. 67)983	CERTIFICA	TE OF DEATH	Registered Na.	07 0500
N.E. CASE NO.			2. DATE ANI	D HOUR OF DEATH	
Type or Print) Rober	t H. Riley	MD	Janua	ru 25th 106	57 2.50P
B. PLACE OF DEATH IN	BALTIMORE, MARYLAND	MD.	4. USUAL RESIDENCE (Where	e deceased lived. If ins	57 2:50P litution: residence before odmiss
HOSPITAL OR 0	If not in hospital or institut address or location)	ion, give street	Maryland c. city or town (if outs	Baltimo	
NOITUTITZNI	Amma II	- 3	Baltimore		ille 21228
(D) Saint	Agnes Hospita	al		urol, give location)	TITE CICCO
Caton	& Wilkens Ave	es. 21229	100 Beechwoo	d Ave #2122	98
SEX 6. RACI	7. MAR	RIED, NEVER MARRIED	<u> </u>	P. AGE (In years	II Under 1 Yr. , If Under 24
M I.Th.		OWED, DIVORCED (specify)	l.	ost birthdoy)	Months Doys Hours Min
	ite	Married D OF BUSINESS OR INDUSTRY	Aug. 12, 1878	O /	12. CITIZEN OF
one during most of working li	fe, even if retired)			,,,,	WHAT COUNTRY?
Director Emer	itus Md.	State Dept. of H		W. Virginia	U. S. A.
3. FATHERS NAME			14. MOTHER'S MAIDEN NAM	A E	
	Millard Fill	more Riley	Do	ra Staats	
5. Was Deceased Ever in	U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		OT COADDRESS
	give wor or dotes of servi		Cator	nsville, Md.	21228
No	2	13-32-6852 A		Riley 100 B	eechwood Avenue
1B. 4 0	/1	CAUSE	IF DEATH	D	INTERVAL SETWEEN ONSET AND DEATH
	ONDITION DIRECTLY		2000	The li	11. 6.
	n the made of dying,	e.g., DUF TO	eronary 1	monujes	92 12 1W
heart failure, asthemic	a, etc. It means the dise			CA.	
	n which caused death.)	(8)	lugma Pe	ctons	years
	DENT CAUSES	DUE TO		A .	
	NDITIONS, if ony, gi		Henri Scoon	- Y24	years -
UNDERLYING CONT		(0)	Roant of	0120010	
	11				
OTHER SIGNIFICANT	CONDITIONS CONTRIBL	JTING			
TO THE DEATH DISEASE OR CONDIT 19A. DATE OF OPERAT	BUT NOT RELATED TO	THE			
19A. DATE OF OPERAT	TION 198. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED
21A. ACCIDENT WAS	CAUSE OF	21B. PLACE OF INJURY (e.g., i home, larm, foctory, street, o etc.)	n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
OR CONTRIBUTING					
DEATH (notify medical		21E INTURY OCCURRED	21F HOW DID IN II	IRY OCCUP?	
DEATH (notify medical) (Doy) (Year) (Hour)	21E. INJURY OCCURRED White At Not White	21F. HOW DID INJU	JRY OCCUR?	
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DEATH (notify medical 21D. TIME (Month) OF INJURY (APPROX.)) (Doy) (Year) (Hour)	White At Not While	Christian 1	971 19 Jan	V175 196
DEATH (notify medical 21D. TIME (Month) OF INJURY (APPROX.) 22. I certify that (I)) (Doy) (Year) (Hour)	White At Not White Work At Work	Christian 1	971 19 Jan	196
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DEATH (notify medical 21D. TIME (Month) OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) last so) (this hospital) attend	White At Not White Work At Work	Our way 1	927 to Jav	
DEATH (notify medical 21D. TIME (Month) OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) last so and hour and from t) (this hospital) attend	white At Not While Not Work At Work At Work At Work At Work At Work an Jan 20 Not (did not) where (1) (We) (did) (did not) where (did)	19 0 ond the	927 to Jav	ian death accurred an the
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DEATH (notify medical 21D. TIME (Month) OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) last so and hour and from t) (this hospital) attend	white At Not White Mat Work At Work At Work At Work an Jan 20 me. (I) (We) (did) (did not) when Attended Attend	19 0 ond that view the body after death. ending Med. Director 23D. ADDRESS	927 ta av it in(my) (out) apin	1/26/67
DEATH (notify medical	(this hospital) attend aw the deceased alive the causes stated above the therbee. Fort.	white At Not White Mork Not Work At Work At Work At Work an Jan 20 re. (I) (We) (did) (did not) when M.D. Att. Phy	ond the view the body after death. ending Med. Director 23D. ADDRESS 1118 St. Paul St	927 ta av it in(my) (out) apin	1/26/67
DEATH (notify medical	(this hospital) attend aw the deceased alive the causes stated above the therbee. Fort.	white At Not White Mork Not Work At Work At Work At Work an Jan 20 re. (I) (We) (did) (did not) when M.D. Att.	ond the view the body after death. ending Med. birector 23D. ADDRESS 1118 St. Paul St	927 to Jan of in(my) (our) apin Stoff Phys	1/26/67 Md.
DEATH (notify medical 21D. TIME (Month) OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) last so and hour and from t 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) We 4A. BURIAL CREMATION REMOVAL (Specify)	(this hospital) attend aw the deceased alive the causes stated above the causes fort. therbee Fort. 1, 248. DATE 24	white At Not White Not Work In the deceased fram I am I work In the deceased fram I work In the dece	ond the view the body after death. ending Med. Director 23D. ADDRESS 1118 St. Paul St. EMATORY 24D. LO	Stoff Beltimore	Md. Jown, or county) (Stot
DEATH (notify medical 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) last so and hour and from t 23A. SIGNATURE WE 23C. PHYSICIAN'S NAME (Type) We 24A. BURIAL CREMATION REMOVAL (Specify)	(this hospital) attend aw the deceased above the causes stated above the causes fated above the causes fort. 1, 248, DATE 24 1/28/1967	white At Not White Mork Not Work At Work At Work At Work an Jan 20 re. (I) (We) (did) (did not) when M.D. Att. Phy	ending Med. Director 23D. ADDRESS 1118 St. Paul St EMATORY 25C. FUNERAL DIRECTOR	Stoff (City Carlow	1/26/67 • Md. ·, lown, or county) (State
DEATH (notify medical 21D. TIME (Month) OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) last so and hour and from the 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) We 4A. BURIAL CREMATION REMOVAL (Specify) Burial	(this hospital) attend aw the deceased above the causes stated above the causes fated above the causes fort. 1, 248, DATE 24 1/28/1967	white At Not White Not Work At Work At Work At Work At Work At Work an Jan 20 M.D. Attr. Phy M.D. M.D. Attr. Phy M.D. C.NAME of CEMETERY of CR	Old Lang 19 ond that view the body after death. ending Ned. Director 123D. ADDRESS 1118 St. Paul St. EMATORY 24D. Lo	Stoff (City Carlow	Md. John or county) (Stotal



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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY	HEALTH DEPARTMENT		O.P.
BIRTH NO. 67 0984	CERTIFICA	TE OF DEATH	Registered Na	67 0984
M.E. CASE NO.	CLINTITICA		\	
1. NAME OF DECEASED (Type of Print)		The second second	D HOUR OF DEATH	1017
	DERSON			1967 10:25 A.M.
3. PLACE OF DEATH/IN BALTIMORE, MARYLAND		A. STATE B. COUN		titution: residence before admission)
FULL NAME OF (If not in hospital or institut	ion olve stead	MARYLAND -	BASTIMER	-
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If out		
UNIVERSITY 1	los o ma.	BANTIMORE	/	
ONIVERSITY I	1.11.0		rurol, give location)	711-6
		137 TOLLGAT	- Ph	33-00
5. SEX 6. RACE 7. MAR	RIED, NEVER MARRIED		9. AGE (In years	It lines 1 V. D. Mader 24 U.
l submit	OWED, DIVORCED (specily)	1	lost birthdoy)	Il Under 1 Yr. Il Under 24 Hrs. Months: Doys Hours Min.
	IV orces	11-14-12	51	
10A. USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
	HEMICAL	MARYLA	V D	123 A
13. FATHERS NAME		14. MOTHER'S MAIDEN NAM		
MACKLEE O.	0 11	n .		
TITHER LEE U,	Dulih	EMMA M	CREAU	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	216-01-6932	HOSPITAL	CHART	
UNK.	CAUSE O	1	-11.71	INITERVAL DETAMENT
1909	CAUSE O	PEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Ch	4.0.		2) 1/2
(This does not meon the mode of dying,	(A)	Warner M.	eli fria t	× 12 9125.
heart failure, asthenia, etc. It means the dise			0	
injury or complication which coused death,)				14 13
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if ony, gi				
rise to the obove couse (A) sloting	the (C)		************************************	000000000000000000000000000000000000000
UNDERLYING CONDITION losi,			_	
II				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	J TING THE			
DISEASE OR CONDITION CAUSING IT.		VAA.		
19A. DATE OF OPERATION 198. CONDITION I WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.)	IN CERTIFYING CAU	INDINGS CONSIDERED
ER C		NO		
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, lorm, foctory, street, o	n or obout 21 C. WHERE DID	(If in Baltimore	City, give exoct locotion)
▼ DEATH (notily medical examiner)	etc.)			
OF INJURY (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY	While At Not Whil			
(APPROX.)	Work At Work			
22. I certify that (1) (this hospital) attend	ed the deceased fram	12-5	966 ta 1-	1967
that (I) (we) last saw the deceased alive	an 1-26	19 6 7 and the	at in(my) (a ur) apin	ian death accurred an the date
and haur and fram the causes stated abay	(a. (1) (Wa) (did) (did ==+) .			
23A. SIGNATURE	0. (1) (===> (010) (010,101) (new the budy direct dedill.		238. DATE SIGNED
(3.10. CP 0	M.D. AH	ending Med.	Stolf	11
Courting a terounds	Phy		Stolf Phy s.	Jan 26, 1967
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	0 -	m
ANTHONY A. LEWINNO	DEUSKI M.D.	7 EREAD ST	DALTIMO	RE MO21202
	C. NAME OF CEMETERY OF CR	EMATORY 24D. LC	CATION (Cin	r, lown, or county) (Stote)
REMOVAL (Specify) /=30-67	Parkwood (eme			271
Burial		0	Baltimore, N	· ·
25A. DATE REC'D BY HEALTH DEPT. 25B. NA.	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	7 /1.1-0	ADDRESS
AUIT 20 1301	OR WICE BLIME	John O Bille	n Inc-6415 B	Pelair Road-21206
VS 150-REV. 1/1/65				



Such

to death.

prior

attendance on the

of death

BALTIMORE	CITY	HEALTH	DEPARTMENT	

RTH NO. 67 0985	CEDITEICA	TE OF DEATH Registered	
LE CASE NO.	CLKTITICA	TE OF DEATH Registered	ATU
vpe or Print)			
John Wm. Flog	RYLAND	January 26 4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	If institution: residence before admission
FULL NAME OF (If not in hospital oddress or tocotion INSTITUTION	or institution, give street	C. CITY OR TOWN (If outside city limits, w	vrite RURAL and give township)
		Baltimore	41-01
South Baltimore Ge	eneral Hospital	D. STREET ADDRESS (If rurol, give locotion 1115 d. Ostend St	
SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr If Under 24 H
	WIDOWED, DIVORCED (specify)	lost birthdoy)	Months Doys Hours Min.
male white	never married	Oct. 18,1892 74	
A. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist	Smith Box Co.	Balto. Md.	U.S.A.
FATHERS NAME		14. MOTHER'S MAIDEN NAME	C.D.A.
Charles Flock Sr		Louisa Sheeler	
. Was Deceased Ever in U. S. Armed Fore	cos? 16. SOCIAL	17. INFORMANT	ADDRESS
es, no or unknown) (II yes, give war or date			
yes July 1918-	-Aug.18 212-07-170	1 Marguerite Flock 1	775 W Ootendst.
18.420,01 DISEASE OR CONDITION DIR	CAUSE O	FDEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of heart foilure, asthenia, etc. It means injury ar camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last.	dying, e.g., the disease, death.) (A) DUE TO (B) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of heart foilure, asthenia, etc. It means injury ar camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last.	dying, e.g., the disease, death.) (A) (A) (DUE TO (B) DUE TO ONTRIBUTING TED TO THE	FDEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of heart foilure, asthenia, etc. It means injury ar camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the abave cause (A) UNDERLYING CONDITION last.	dying, e.g., the disease, death.) ONTRIBUTING T. DITION FOR WHICH OPERATION	rteresclerate Hauf	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means injury or camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CTO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IT 19A.DATE OF OPERATION 119B. CON	dying, e.g., the disease, death.) ony, giving stating the (C) ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WIN CERTIFYING	Desare Lypeur
DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of heart foilure, asthenia, etc. It means injury ar camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the abave cause (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. CON WAS PERF OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	dying, e.g., the disease, death.) (A) (A) (DUE TO DUE TO ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., inhome, form, foctory, street, on the foctory, street, on	20A. AUTOPSY? (Yes or No) 20B. IF YES, W IN CERTIFYING n or obout 21C. WHERE DID (II in Bolt MINJURY OCCUR?	INTERVAL BETWEEN ONSET AND DEATH DESPACE TYPELLS ERE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of heart foilure, asthenia, etc. It means injury ar camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the abave cause (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. CON WAS PERF 21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year)	dying, e.g., the disease, death.) (A) (B) DUE TO ONTRIBUTING STED TO THE T. DITION FOR WHICH OPERATION ORMED (Hour) 21E. INJURY OCCURRED While At Work Not While At Work	20A. AUTOPSY? (Yes or No) 20B. IF YES, W IN CERTIFYING n or obout 21C. WHERE DID (II in Bolt fice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	INTERVAL BETWEEN ONSET AND DEATH DESCRIPTION OF THE PROPERTY
DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of heart foilure, asthenia, etc. It means injury ar camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the abave cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. CON WAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this begins that (I) (max) last saw the decease	dying, e.g., the disease, death.) (A) (B) DUE TO ONTRIBUTING TED TO THE T. DITON FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, onetc.) (Hour) 21E. INJURY OCCURRED White At Not White At work attended the deceased fram	DEATH TERROSCLERATE HOULE 20A. AUTOPSY? (Yes or No.) 20B. IF YES, W IN CERTIFYING n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 46 7 and that In (my) (**)	INTERVAL BETWEEN ONSET AND DEATH DESPACE 4-years ERE FINDINGS CONSIDERED CAUSES OF DEATH?

Jno

Washington

Urlock Jr. M.D.

24C. NAME of CEMETERY OF CREMATORY

Blvd. 24D. LOCATION

(City, lown, or county) (Stote)

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)
Burial 1/2 Loudon Park 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

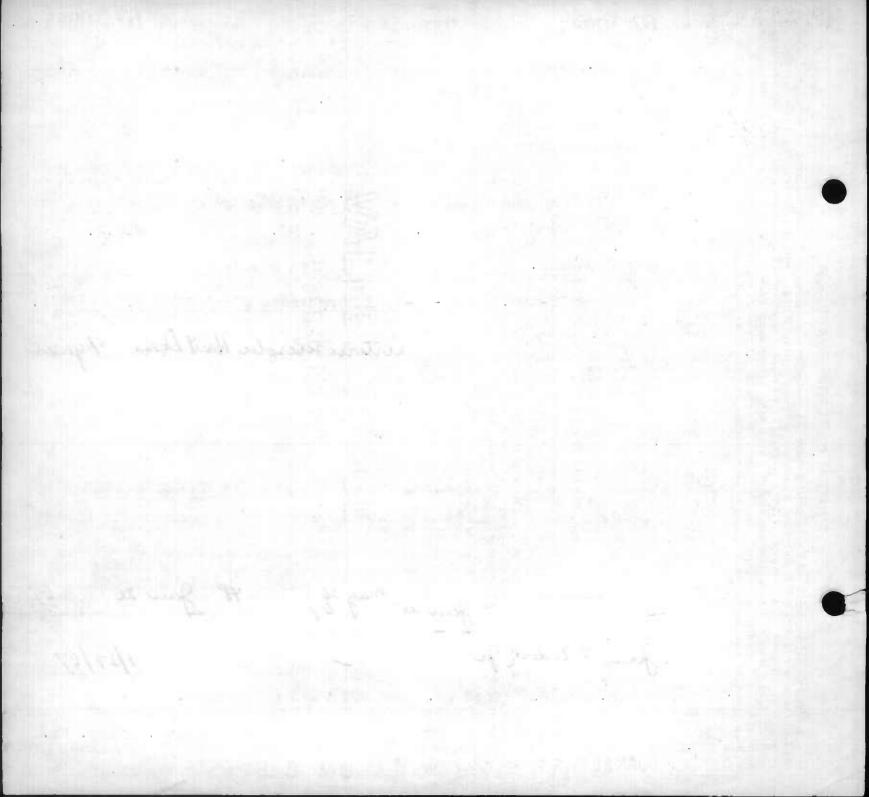
Frederick Ave. Balto. Md. ADDRESS

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FUNERAL HOME

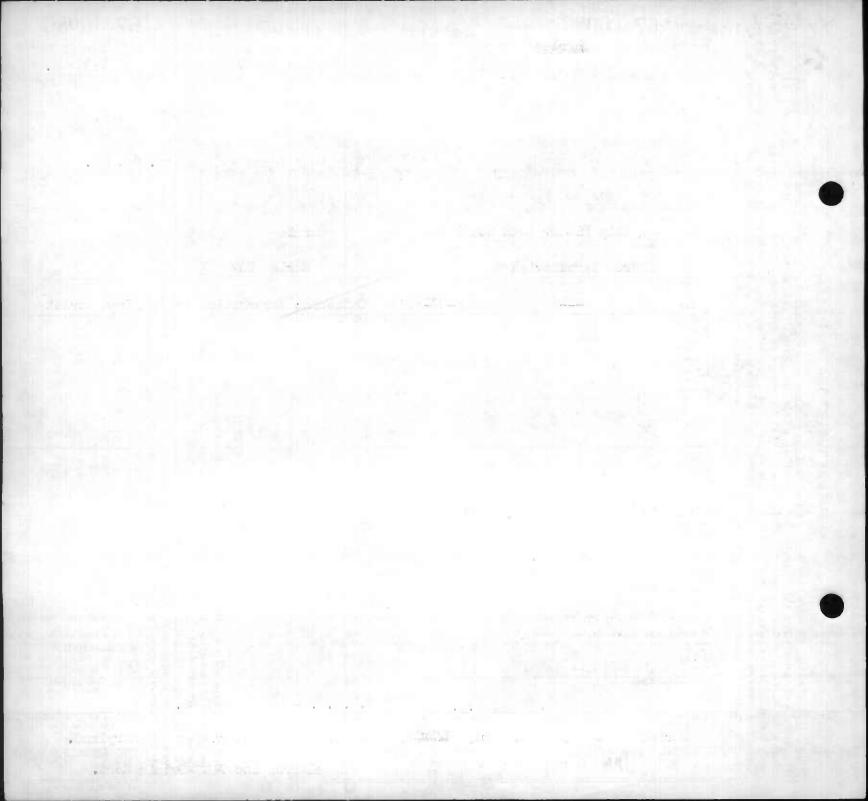
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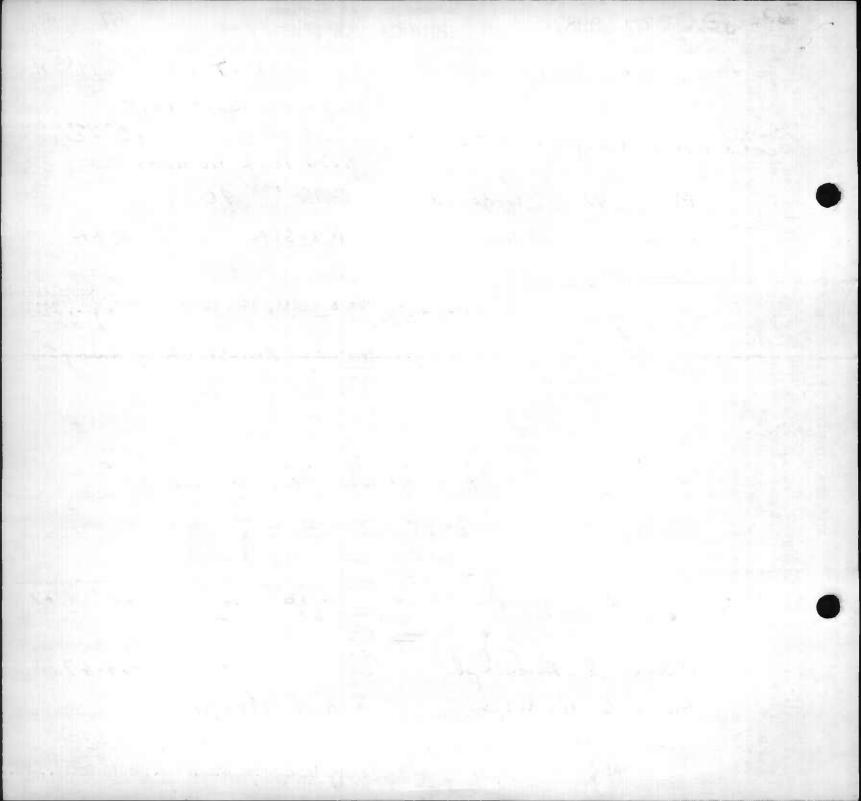


This certificote must be approved by the chief medical examiner or his assistant if deoth occurred in a hospitol and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deoth shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospitol (except where the physician who pronounced death wos in regular ottendance on the deceased prior to death); ond (6) No physician was in regular ottendance on the deceased prior to death. Such written approval must be obtained before the remains ore embalmed or final disposition is made.

				BALTIMORE CITY	HEALTH DEPARTMEN	IT	
BIRTH	NO. 67	0986		CERTIFICA	TE OF DEAT	H Registered No.	67 0986
1.NA/ (Type	or Print)	Wasil Yar	coshevic	h	1/:	e and hour of death 26/67	1 7:35 p. A
3. PL/	ACE OF DEATH	IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE A. STATE B. C	(Where docoosed lived, If i	institution: residence before admission
HO	LL NAME OF SPITAL OR STITUTION	(If not in hospital oddross or location	or institution,	give stroet	Maryla:	nd (If outside city limits, write	RURAL and give township)
3					Baltimor		1-04
000	TIMET TO A TOM	EMODE GENER	DAT TIO OD	TIMAT	D. STREET ADDRESS	(If rurol, give location)	(a 0) 163
5. S EX		IMORE GENEI		NEVER MARRIED	2638 Hudson	9. AGE (In years	to. 21, Md. If Under 1 Yr., If Under 24 Hrs.
Ma	le V	White	Marr	o, DIVORCED (specify)	6/15/96	lost birthdoy) 70	Months Doys Hours Min.
done d	uring most of worki	ng life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
		hip Fitter	Beth S	teel Company	Russia		USA
13. FA	THER'S NAME				14. MOTHER'S MAIDEN	NAME	
	Andr	rew Yaroshe	vich		Maria	a Unk	
15. Wo	os Deceased Ever	r in U. S. Armed Fo	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	Marie Tolland	ADDRESS
	No			213-07-3709	Catherine Y	aroshevich 263	88 Hudson Street
18	17	7 XI		CAUSE C	F DEATH		INTERVAL BETWEEN
		R CONDITION DI	RECTLY		00.	+ 1	ONSET AND DEATH
(1		DING TO DEATH	duine ee	(A) Col	neralzed me	levelare	lyr
h	eort foilure, osth	enio, etc. Il meon:	the disease,	DOE 10	V	0	V
"		olion which coused ECEDENT CAUSES		(B) C	nerslyedme	state	2 cr
-				DUE TO	7	### ##################################	
ri		CONDITIONS, if bove couse (A) ONDITION lost.		(C)	.m. +	000 a 0a 0a 0a 0a 0a 0a 0a a a a a a a	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
2 1	O THE DEAT	II ANT CONDITIONS (H BUT NOT REL ADITION CAUSING	ATED TO TH				
	1965	ERATION 198. CON		WHICH OPERATION	YES		FINDINGS CONSIDERED AUSES OF DEATH?
CALC	A. ACCIDENT V R CONTRIBUTION EATH (notify med	VAS UNDERLYING	218	PLACE OF INJURY (e.g., i	in or obout 21C. WHERE D	ID (If in Boltimo	re City, give exoct locotion)
30	FINJURY	onth) (Doy) (Year)		INJURY OCCURRED Not Whith At Work	le 🗀	NJURY OCCUR?	
2:	2. I certify that	W) (this bosnite		he deceased from	1/18/67	19 to 1/2	26/67 19
		t sow the deceos			,		inion death accurred on the dot
		m the couses sto	ted obave. (I) (We) (did) (did nat)	view the body after de	oth.	
23	A. SIGNATURE	0,	10.	M.D. AH	onding Med.	Stoff CTD	23B. DATE SIGNED
	Kuch	and l	e /ce	Phy	rs. Director	Stoff Phys. X	1/27/67
23	NAME (Typo)				23D. ADDRESS		
		RICHARD H	. REED,			213 Light St.	
24A. [BURIAL CREMAT REMOVAL (Spoci	fy)	24C.N/	ME of CEMETERY or CR			City, town, or county) (Stoto)
	Burial	Jan 30		oly thinity (Elkridge	Maryland.
25A. I	DATE REC'D BY		25B. NAME C	OF REGISTRAR	25C. FUNERAL DIRE		ADDRESS
	. •	IAN 30 196	1 06/20	DE CENTRA	nibber Bro	s Inc 7110 Be	Lair Road.
VS 15	0-REV. 1/1/65		1 1 1			()	



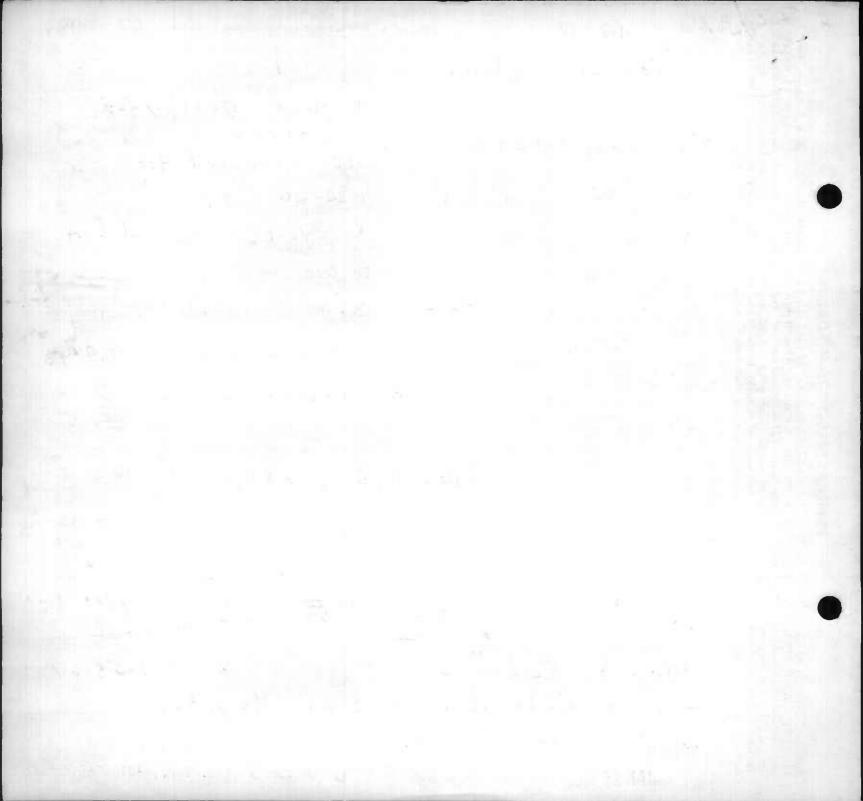
VS 150-REV, 1/1/65



VS 150-REV. 1/1/65

	,			BALTI	MORE CITY	HEALTH DEPART	MENT			
M.E	H NO, CASE NO.	67	0988	CER	TIFICA	TE OF DE		Registered Na	67	0988
1 . N (Тур	e or Print)	ASED	1 (11	r .		2.	DATE AND	HOUR OF DEATH	4	2-15.
3. P	LACE OF DEAT	M LC	MORE MARYLAND	tein		4. USUAL RESIDE	NCE (Where	deceased lived. If in:	stitution: reside	nce before odmission)
						A. STATE	B. COUNT	P		
-	ULL NAME OF IOSPITAL OR NSTITUTION		in hospitol or institu or location)	ion, give street		c. city of town		Bultide city limits, write R	WAL ond giv	
15	inai	Hasi	pital o	f Bult	imove	13 a lt	- 1 MC 01	rol, give location	J8.	-03
-	. ,	1103		, ,		4 000 4	\circ	wood A	1,,0	
5. S	EX	6. RACE	7. MAR	RIED, NEVER MAR	RIED	B. DATE OF BIRTH	9.	AGE (In years	If Under 1 Y	r., If Under 24 Hrs.
	M	W	^	larricd		1-22-3	20	st birthdoy)	Months Doy	
	USUAL OCCU during most of w		kind of work 10B, KIN n if retired)	D OF BUSINESS O	RINDUSTRY	11. BIRTHPLACE (S	tate or foreign	n country)	12. CITIZEN	OF COUNTRY?
	Chauffel	UL.	To	xi Cab		New Y	ort.	New York	u.	S. A.
13.	ATHER'S WAM	E				14. MOTHER'S MA	AIDEN NAM	E		
	Harry G	oldhein				Eva Grocu	1			
15. \ (Yes	Vos Deceosed	Ever in U. S.	Armed Forces? wor or dotes of serv	1 6. SOCIAL SECURITY	NO	EVA Groce			AD	DRESS
	No	,, 3		110-05		Mrs. Miri	am Gal	dfein, 2067	Boochu	and Avenue
	1B. 5	OYI		1,,,,,,,,	CAUSE OF		50411 0 4.0	age at j	INTE	RVAL BETWEEN
	DISEASI	OR COND	ITION DIRECTLY		a a	. 4		1	,	SET AND DEATH
		EADING TO			Allac	tic Acid	Acid	dosis	7	days
	heart failure, a	sthenio, etc	made of dying, Il meons the dis-	ose,	006 10					
			ch caused death.)		. DBT	iodiocum	Crasy	suspected	1	
		NTECEDEN			DUE TO	, ,			71	
	rise to the	obave co	ONS, if ony, g ouse (A) stoting	41	C)					
	UNDERLYING	CONDITIO	N losi.							
z	071158 6101115	11	TITIONIS CONTRIB	ITING						
TIO	TO THE DE	ATH BUT	DITIONS CONTRIB	THE A KLE	inclos	otic Hear	+0	1000	167	
CERTIFICATION	19A. DATE OF		198. CONDITION	OR WHICH OPER		20 A. AUTOPSY?		20B. IF YES, WERE F	INDINGS CO	NSIDERED
RTIF	0		WAS PERFORMED					IN CERTIFYING CAL	JSES OF DEA	TH?
CAL CE	21 A. ACCIDEN OR CONTRIBU DEATH (notify	ING 🗌 CAU	SE OF	21B. PLACE OF II home, form, focto etc.)	NJURY (e.g., in try, street, off	or obout 21 C. WHI	ERE DID	(If in Boltimore	City, give ex	oct locotion)
0		(Month) (D	oy) (Yeor) (Haur)	21E. INJURY OC	CURRED	21 F. HOV	ULNI DID W	RY OCCUR?		
ME	(APPROX.)			While At	Not While At Work					
	22. L certify t	hat (#/(thi	s hospital) attend	1		1/22	> 10	67 10	11	123 19 67.
			e deceased alive							ccurred on the date
			uses stated aba					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	23A. SIGNATUI		0	0. 4, (, (0.0)		ow ma bady and	0. 0001111		23 B. DATE SI	GNED
	000 a	2	PI) al al	M.D. Atter	nding Me	d. S	toff 🔀	1-1	3-17
	23 C. PHYSICIAN	rs.	- Aug	cogen	2	3D. ADDRESS		., ., .,	1 oc	3-6/
	A LL C M	pe)	Ruda	lai	M.D.	5:40	· 11	oca to	1	
24A	BURIAL CREA	ATION, 248	DATE 2	C. NAME of CEM	ETERY or CRE	MATORY	24D. LO	CATION (Ci	ty, town, or co	unty) (Stote)
	REMOVAL (S	ecity)	105167	11-11	0'. 0			2 04'		,
25A	DATE REC'D	BY HEALTH	DEPT. 25B. NA	Workmen ME OF REGISTRAR	circle	25C. FUNERAL	DIRECTOR	Baltimore	Maryli	ADDRESS
	*1	None	207 616	e of Tin	Chan			Bros. Inc.	6010	Reisterstow
VS	150-REV. 1/1/6	111301	10/ (16/50)	of the little	William.	Land rain	C. Maria Ca	3,000	1010	

Reisterstown



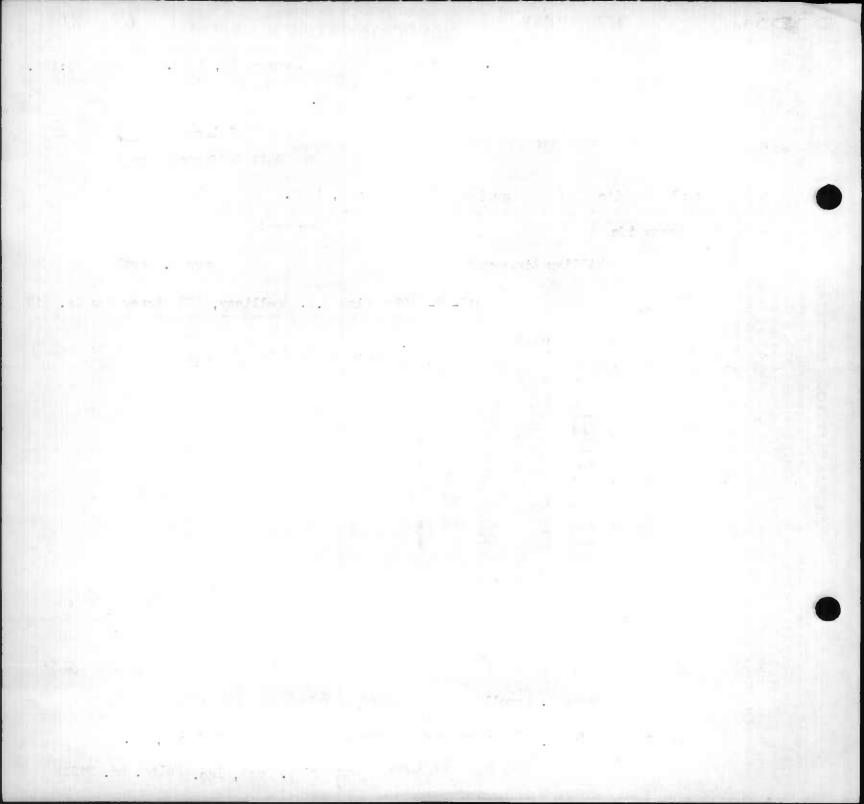
0000	BALTIMORE CITY	HEALTH DEPARTMENT	4	67 0989
RTH NO. 67 0989	CERTIFICA	TE OF DEATH	Registered No	(71 0000
E CASE NO. NAME OF DECEASED (pe or Print) Research Print	· Ectalla		HOUR OF DEATH	1317
PLACE OF DEATH IN BALTIMORE, MARYLAN	Estelle	4. USUAL RESIDENCE (When	e deceased lived. If ins	titution: residence before admiss
FULL NAME OF (If not in hospital or inst MOSPITAL OR address or location)	itulion, give street	A. STATE B. COUN C. CITY OR TOWN (If out		URAL ond give township)
MASITOTION		Batt:more	21213	8-01
The Union Memorial	tospital	D. STREET ADDRESS (If	urol, give location)	ve.
	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	AGE (In veors	If Under 1 Yr., If Under 24
Fi white "	DOWED, DIVORCED (specify)	07-14-01	lost birthdoyl	Months Doys Hours Mi
A. USUAL OCCUPATION (Give kind of work 108, K ne during most of working life, even if retired) Housewile	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei		12. CITIZEN OF WHAT COUNTRY?
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
Joseph Wilber R.		Elizabet	h Kalten	
. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dates of s		17. INFORMANT		ADDRESS
No	214-01-1923A	Edward Bane	rnshmidt.	Same
		F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	1 A		1 1	
LEADING TO DEATH (This does not mean the mode of dying	(A) C	/ A.		10 days
heart foilure, osthenio, etc. It means the d	isease,			
injury or camplication which caused death	.) As	CVD		
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if any,	0 0			
rise to the above couse (A) statin	g The (C)		*	
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FI	NDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID iffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hou	a) 21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)	While At Work Not Whi			
22. I certify that (I) (this haspital) atte			967 10 Jan 3	48
that (I) (we) lost saw the deceased alive	1			
ond hour ond from the couses stated ob	ave. (1) (We) (did) (did not)	view the body after deoth.		
23A. SIGNATURE				23B, DATE SIGNED
same won Va	M.D. Att	ending Med. Director	Stoff Phy s.	Jan 28/67
23 C. PHYSICIAN'S	X	23D. ADDRESS		0,01
Sang Won Song	M.D.	The Imies Messes	oiel Hamada	
A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF CR	The Union Memor		, town, or county) (Sta
Burial 1/31/67.	Lorraine Park Cer		Baltimor	
		25C. FUNERAL DIRECTOR	- CL OLINOI	The second secon
	Control & Sanday Make		k Inc Bal	to. Md. 21214
150 051/1/1/1/	CHANGE OF THE PARTY AND	And a O	, Dar	OUT NAME OF STREET

mit blatter loss M STNW 7 23 10-41-50 Big abeth Harrenbuch Joseph Wilbert Roberts Edward Garerrahmatt Line

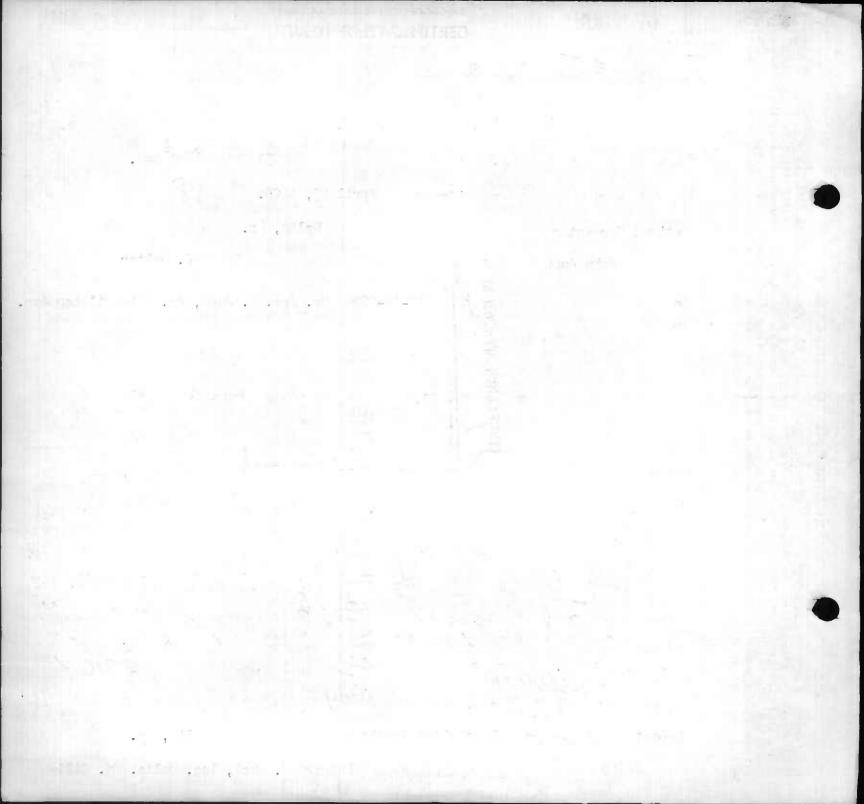
have win slong x

Be with y's

BIRTH NO. M.E. CASE NO.	67 099	30	CERTIFIC	ATE OF D	DEATH	Registered No	67	0980
1. NAME OF DE	LOUIS	E M.	STEIN			D HOUR OF DEATH	- 774	
2 PLACE OF D	EATH IN BALTIMORE MA		DIETM	TA HELIAL BES		у 30, 1967.		1:10A.,
FULL NAME	OF (If not in hospital	or institution, giv	e street	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission A. STATE B. COUNTY Md.				
INSTITUTION	oddress or locotion	17		C. CITY OR TO	OWN (If out	side city limits, write I	RURAL ond give	township)
カ	Hood Convales	cent Hom	e	D CTREET AD	Dares de	Baltimore	6	0 ===
			D. STREET ADDRESS (If rurol, give locotion) 2411 Jefferson Street					
Female	6. RACE White	Marri		May 6, 1	.882.	9. AGE (In years lost birthdoy) 84	If Under 1 Yr. Months Doys	If Under 24 Hrs Hours Min.
done during most o	CUPATION (Give kind of work of working life, even if retired) EWLIE	10B. KIND OF B	USINESS OR INDUST		E (State or forei	gn country)	12. CITIZEN O	USA.
13. FATHER'S NA	AME			14. MOTHER'S	MAIDEN NA	ΛE		
	William	Zi.mmerma	n			Mary E.	. Garth	
(Yes, noggrunknov	nd Ever in U. S. Armed For vn) (If yes, give wor or dote		6. SOCIAL SECURITY NO.	17. INFORMAN			ADD	
les, no grunknown) (If yes, give wor or dotes of servi			15-03-6459	Miss M.	R. Spell	lissy, 220 S	Stoney Ru	n La. #10
18. 50	26 X			OF DEATH				VAL BETWEEN
DISE	ASE OF CONDITION DIR	RECTLY	6	rone	0	7-		
(This does	nal meen the made of	duine Se	(A)	2012	4291	ages	, ,	con
heort failure	, aslhenia, elc. Il means	the diseose,	DUETO					
injuly ar co	implication which coused	death.)						
	ANTECEDENT CAUSES		DUE TO	- 1				
	OR CONDITIONS, if			le-5,0	1. T. K	5		
	he abave couse (A) NG CONDITION last.	stoting the	(C)	~!				
	11							
	NIFICANT CONDITIONS C							
	DEATH BUT NOT RELA R CONDITION CAUSING I							
19A-DATE C	OF OPERATION 19B. CON		IICH OPERATION	20A. AUTOI	PSY? (Yes or No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONS USES OF DEATH	SIDERED 1?
OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF fy medicol exominer	21 B. PI home, etc.)	form, foctory, street,	olfice bldg., INJU	WHERE DID RY OCCUR?	(If in Boltimore	e City, give exoc	t locotion)
OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E. II	NJURY OCCURRED	21 F. F	HOW DID INJ	URY OCCUR?		
OF INJURY		While Work						
22 1			L At Wa	TK -	-17		30-	17
	y that (I) (this hospital) attended the	deceosed from	-10				
	e) lost saw the decease			/		at in(my) (aur) opi	nion deoth occ	urred on the do
	nd from the causes stat	ed obave. (I)	(We) (did) (did not	view the body	ofter deoth.			
23A. 8 GN AT	URE L./	~ 00					23 B, DATE SIGI	
Rec	ces word	15206	M.D.	ttending hys.	Med. Director	Staff Phy s.	1-30	0-67
23C. PHYSICI NAME	James G.	Howell	м.	23D. ADDRESS	rodes	LON RO	2	8
24A. BURIAL CE		24C, NAN	NE of CEMETERY or	CREMATORY	24D. Le	OCATION (Ci	ity, town, or coun	ity) (Stote)
Buria		Loud	on Park Cen	netery		Baltimore	Md.	
25A. DATE REC'	D BY HEALTH DEPT.	25B. NAME OF		25C. FUNE	RAL DIRECTOR	ck. Inc. Ba	Al	21214
VS 150-REV. 1/1		11 3 0			D. 44	by THE.	- 40 ° 110 °	MINITY



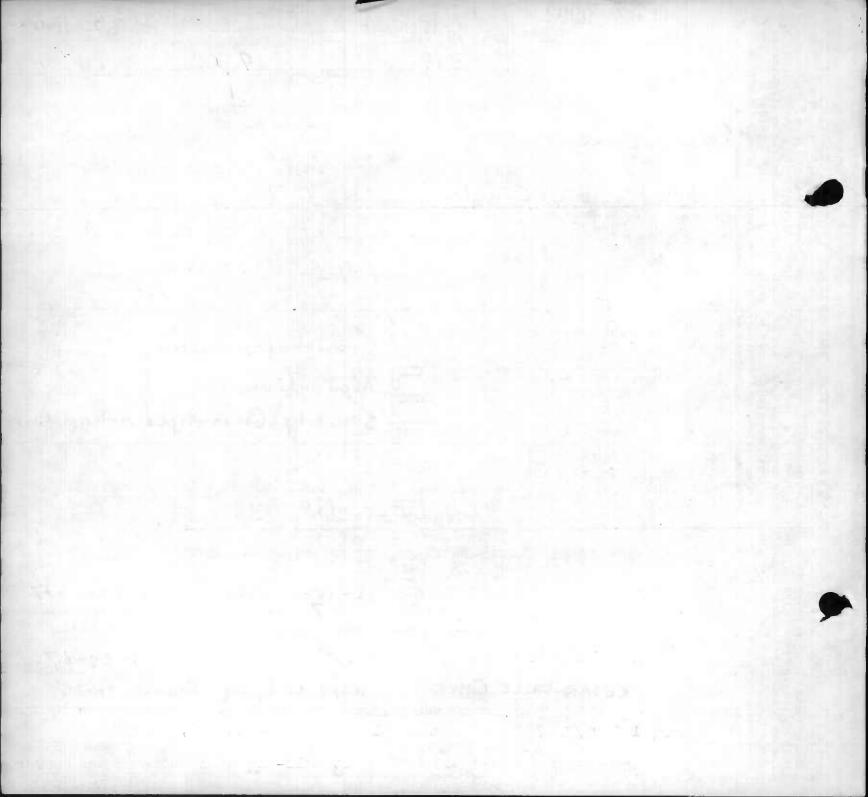
	67 0001	BALTIMORE CITY	HEALTH DEPARTMENT		67	0004
BIRTH	4 NO.	CERTIFICA	TE OF DEATH	Registered Na	0/	ngar
	CASE NO. AME OF DECEASED			HOUR OF DEATH		
(Турс	POSEPHE JUDD SR		4. USUAL RESIDENCE (Whore	decodsed lived. If inst	itution; residence	68 P M. before odmission
H	ULL NAME OF (If not in hospital or institution, give : OSPITAL OR oddress or location) ISTITUTION	streat	BALTIN	ide city limits, write RU	JRAL and give to	wnship)
B	ELAJR HOUSE INTHE	PINES		Greenmount.	Ave.	
5. SE	M CAU WIDOWED DI	vorced (specify)	April 17, 1878.	88	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
done	usual occupation (Give kind of work 108, KIND OF BUS during most of working life, even if refired) Retired Carpenter	INESS OR INDUSTRY	11. BIRTHPLACE (Stote or foleign		12. CITIZEN OF WHAT COU USA	NTRY?
13. F	John Judd	o.	14. MOTHER'S MAIDEN NAM	Laura J. W.	alter	
15. W (Yes,	Vas Deceased Ever in U. S. Armod Forcos? no or unknown) (If yos, give wer or detes of service) NO	SECURITY NO. 18-	17. INFORMANT 9736 Mr. Jos. E	Judd, Jr.	6216 Hil	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, e.g., heart foiluse, osthenia, etc. It meens the diseast injury or complication which coused deoth,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting UNDERLYING CONDITION lost.	CAUSE OF TO DUE TO DUE TO CO.	lavelless etwo far elul a draved	to Hear		L BETWEEN AND DEATH ASSO
ATIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	Lalie ug de H OPERATION	Premis Bus (20A. AUTOPSTTTES OF NO)	20B, IF YES, WERE FI	Leet Notwest consideration	Lo Jones Control of the Control of t
WEDICAL C	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF CONTRIBUTING AUSE OF CONTRIBUTING AUSE OF CONTRIBUTING AUSE OF CONTRIBUTING AUSE OF CONTRIBUTION AND AUGUST AUGUS	IN OCCURRED	or obout 21C. WHERE DID fice bldg TNJURY OCCUR?	37 Bel	City, give exect to	Ralle Grand
1	22. I certify that (I) (This haspital) attended the detail that (I) (we) last saw the deceased alive an	ceosed from //	13 6 0 11 ond the	t in (par) (spini	on death accur	1967
2	and hour and fram the couses stated above. (1) (1)	(did) (di d non) v	iew the body ofter death.	ney	23B. DATE SIGNE	
24A.	BURIAL CREMATION, 124B. DATE / 124C, NAME		30. ADDRESS 3009 EUFR61	ZEFN AV	E BAZ	to my
	Burial 1/30/67. Slate	Ridge Ceme	tery	Delta,) o Polorei
1	JAN 31 1967 258. NAME OF RE		Leonard J. Ru	ck, Inc. Bal	Lto. Md.	



BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT FUNERAL DIRECTOR:

> Miachell-Wiedefeld Home 6500 York Rd VS 150-REV, 1/1/65 BALTO. 12, MD



IW B

		0000		BALTIMORE CITY	HEALTH	DEPARTMENT	V	E .		
BIRT	H NO.	67 0993		CERTIFICA	TE O	F DEATH	Registered No.	-6'	7 0	992
	AME OF D		<i>(</i> >				ID HOUR OF DEATH			
	e or Print)	Barne	John	Barwick, John	Charl		nuary 1967		3.05 4	1
3. I	LACE OF I	DEATH IN BALTIMORE, MA	RYLAND			AL RESIDENCE (Whe	re deceased lived. If i	nstitution: resid	ence before	odmissian)
		DE OF THE STATE STATES	an Immala.at.	and the same		yland Talbo				
1	OSPITAL D	R oddress or locatio	n)				tside city limits, write	RURAL ond gi	ve tawnship)
1	NZIITOTIDN	4940 EASTERN	AVE, E	ALTO., MD. 21224	E	aston	Rurāl	7	0-00	
/	Baltin	ore City Hospi	tals		D. STRE	ET ADDRESS (IF	rurol, give location)	-		
	B2N,	Oncology				Rd 3 KXXXX	Box 259-B-2			
5. 5	EX	6. RACE		ED, NEVER MARRIED VED, DIVORCED (specify)	B. DATE	OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Months: Do		der 24 Hrs. Min.
1	Nole	White		er married	8.1	7- 48	18			
		CUPATION (Give kind of worl of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTH	PLA CE (Stote or fore	gn country)	12. CITIZEN WHAT	OF COUNTRY?	
0011	Stu	dent			Ma	ryland			US	
13.	FATHER'S N			· ·	14. MOI	HER'S MAIDEN NA	ME			
	J.	Kenneth			Ka	thyrn Fluha	rty			
		sed Ever in U. S. Armed Fo		1 6. SOCIAL	17. INFO	RMANT		AI	DDRESS	
(Yes		wn) (If yes, give war ar date	es of service	SECURITY NO.			40 Eastern			d.2122
	NO /	74/ 6:		27/-52-70/2 CAUSE O	J.	Kennth Bar	wick, xxxxxx		aston BET	MEEN
	0	ASE OF CONDITION DI	DECT! Y	CAUSE	T DEATE				SET AND	
	Uist	LEADING TO DEATH	RECILI	(4)	Vonoci	tic leukem	າ ວ	,	month	
	(This does not mean the made of dying, e.g., DUETD heort foilure, asthenia, etc. It means the disease,					Anto Tenvell			month	.5
		omplication which coused		se,						
		ANTECEDENT CAUSES		(B)DUE TD						
	DISEASES OR CONDITIONS, if ony, giving									
	rise to the above cause (A) stating the (C)UNDERLYING CONDITION lost.						· · · · · · · · · · · · · · · · · · ·			
	THOURTHAN CONDITION TOST.									
N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING									
ATE	TO THE DEATH BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT.									
ERTIFICATION	19A. DATE	OF OPERATION 198. CON		R WHICH OPERATION	20 A.	AUTOPSY? (Yes or No	ON CERTIFYING CA	FINDINGS CO	NSIDERED	
ERT	2					Yes	YES			
U	OR CONTR	DENT WAS UNDERLYING DENT WAS UNDERLYING DENT	_	21 B. PLACE OF INJURY (e.g., i nome, lorm, foctory, street, o	n or obout Ifice bldg.,	INJURY OCCUR?	(II in Boltimo	re City, give e	xoct location	1)
CAL	DEATH (no	tify medical examiner		etc.)	omce blag., INJURI OCCUR:					
MEDI	21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 2	IE INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
>	(APPROX.)			While At Not While Work At Work						
	22. I certi	fy that (1) (this hospita	l) attende	the deceased from	Octo	ber	1966 10 29	January	1	9 67
				9_January	19	67 and th	at in (my) 1/350r) op	inian death a		
				(1) (%% (bib) (%% (i) (i)			The second secon			
	23A. SIGNA			0	71011 1110	bady office decime		23B. DATE S	IGNED	
	B	30000 N/2	0.00	M.D. Att.	ending	Med. Director	Stoff Phys.	29 Jan	uarv 1	967
	23C. PHYSIC	CIAN'S					stern Ave.,)	_	
	NAME	(Type) <edgar td="" w.<=""><td>Hull,</td><td>MXXX M.D.</td><td>Balt</td><td>imore City</td><td>Hospitals</td><td>Dal Villo.</td><td>re, ra</td><td>• KIKKH</td></edgar>	Hull,	MXXX M.D.	Balt	imore City	Hospitals	Dal Villo.	re, ra	• KIKKH
24 4	BURIAL C	REMATION, 24B. DATE		NAME of CEMETERY OF CR				The town	auatu)	(\$4-4-12)
297	REMOVA	L (Specily)						City, town, or c	o unty)	(Stote)
	Buri	.,).,	1467 L	anding Neck (e			aston, Md.	1		
25A	. DATE REC	C'D BY HEALTH DEPT.	258. NAM	e of registrar	25C.	FUNERAL DIRECTOR	NEUWAM & S		ADDRESS	N_J23
		JAN 3 1 1967 (Carl	E Jane	0 (invorce.	MC MAINI & 2	ur, cas	con,	ILL.
VS	150-REV. 1	1/65								

Sasage Museus

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BIRTH NO. 66- 270860994	BALTIMORE CITY HEAL		V	67 0994
BIRTH NO. 66-28086	CERTIFICATE			
NAME OF DECEASED	- 1 V	2. DATE/A	ND HOUR OF DEATH	1 2 2 1 100 1000
3. PLACE OF DEATH IN BALTIMORE MARYLAND	Girl Kic	SUAL RESIDENCE (Wh	ere deceosed lived. If ins	stitution: residence before odm
		MARYLAND B. COU	ele deceosed lived. If ins	
FULL NAME OF (If not in hospital or institution, give oddiess or location)	*IICG!			URAL ond give township)
THE JOHNS HOPKINS HO	SPITAL	SEVERNA P	ARK	52-00
9	D. ST	TREET ADDRESS	rurol, give locotion)	
5. SEX 6. RACE 7. MARRIED, NE	VED AA A BRIED	ROUTE2 BO	X 41 OLD A	NNAPOLIS BLV
FEMALE WHITE NEVER M	IVORCED (specify)		lost birthdoy)	Months Days Hours
OA. USUAL OCCUPATION (Give kind of work 108. KIND OF BU	SINESS OR INDUSTRY 11. BI	2-29-66 RTHPLACE (Stole or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		Briti	made	WHAT COUNTRY?
13. FATHER'S NAME	14. M	OTHER'S MAIDEN NA	ME	6 2 7 7
JACOB reclective		LOU ANN	Pour	~
	SOCIAL 17. IN	FORMANT	i	ADDRESS
A distriction of the services	Je Je	recol-les	derton	-Elove
18. 7 6 4 7	CAUSE OF DEA			INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY		-A11	An.	ONSEI AND DEA
LEADING TO DEATH (This does not meon the mode of dying, e.g.,	(A) Conga	meal he	and deser	ue.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(1)	t.	1 26	
ANTECEDENT CAUSES	(8)	y wine	~ 0/ -	
DISEASES OR CONDITIONS, if ony, giving	DUE TO	I nesse	(a)	1imil
rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	(C)		/	- sector
II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
DISEASE OR CONDITION CAUSING IT.	120	A	1 N 008 IS NO. 1	
U 19A. DATE OF OPERATION 19B. CONDITION FOR WHI	CH OPERATION 20	A. AUTOPSY? (Yes or N	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
U 21 K. ACCIDENT WAS UNDERLYING 21K. PL. OR CONTRIBUTING CAUSE OF home, fi	ACE OF INJURY (e.g., in or obtorm, foctory, street, olfice bl	out IC. WHERE DID	(II in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF home, for etc.)	torm, toctory, street, office bl	ag., INJURT OCCUR?		
O 21 D. TIME (Month) (Day) (Year) (Hour) 21E, IN.	JURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY (APPROX.) While A	At Work At Work			
22. I certify that (this haspital) attended the c		. 29	1966 to Jav	27 196
that (we) last saw the deceased alive an	1/2-//-		V	nian death accurred an th
and haur and from the causes stated above.				
23A. SIGNATURE				23 B. DATE SIGNED
the Lenhand	M.D. Attending Phys.	Med. Director	Stoff Phy s.	1/27/67
23 C. PHYSICIAN'S NAME (Type)	23D. A	DDRESS		1 / 1
H.R.GERTA	VER, JR.M.D. 1	THE JOHNS	HOPKINS HO	SPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	E OF CEMETERY OF CREMATO	DRY 24D.	LOCATION (Ci	ty, toway or county) (!
Duna 1/31/67 9	Kin Har	in-	Hen	Burne 1
25A. DATE REC'D BY HEALTH PEPT. / 25B. NAME OF R	REGISTRAR 25	C. FUNERAL DIRECTO	R/ R	ADDRESS
JAN 3 1 1967 P.O. 15 2	staller a	oblicatore	to allena	- severnal
VS 150-REV. 1/1765		196BERT	5 BAR	RANCO

Conjunted front dissure drawposition of the " 1/2 /6 - maple freuch year M Hartun of

VS 151-REV. 1/1/65

P-126 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

Type or Print)				2. DATE AND	HOUR PRONOUNCE	D DEAD		
WILLIAM G.	PFEU	FER			ary 27, 19		11:20	PM.
PLACE IN BALTIMORE, MARYLAND	, WHERE PRONOU	NCED DEAD	4. USUAL RESIDE	NCE (Where dec	eosed lived. If insti B. COU	tution: ¡esi NTY	dence before od	mission)
ULL NAME OF (IF NOT IN HO ADDRESS OR L	SPITAL OR INSTITU	TION, GIVE STREET	C. CITY OR TOW	N (If outside c	orporote limits, write	RURAL	altimore	p)
ISTITUTION ADDRESS OF E	OCA HON)				atonsville		A DAM	11
South Baltimore G	eneral Hos	pital (DOA)	D. STREET ADDR				100	-
		,,,,,	17	N. Hill	top Rd.			
SEX 6. RACE		NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)		1 Yr. If Under Doys Hours	24 Hrs. Min.
Male White	Marr		9-5-1914		52			
A. USUAL OCCUPATION (Give kind of ne during most of working life, even if retir		BUSINESS OR INDUSTRY			ountry)	12. CITIZ	EN OF	
Civil Engineer		oast Guard	New J	-			U.S.A.	
FATHER'S NAME			14. MOTHER'S MA					
Alfred Pfeufer .was deceased ever in u.s. ar	MED FORCES?	16. SO CIAL	Anna M	angora		ADDRES		* _
es, no or unknown) (If yes, give wor or		SECURITY NO.		1. D D.C				0.1
	1	051-07-5761		la K. PI	eufer, 17	N. HI	-	
1B. 4 2 2 / 1	The state of the s	CAUSE	OF DEATH			- 0	INTERVAL BE	
DISEASE OR CONDITION	DIRECTLY	A node a seri	7					
LEADING TO DE		(A) Arter	loscleroti	c cardio	vascular d	iseas	е	
(This does not meon the mode heart failure, asthenia, etc. It m injury or complication which cour	e of dying, e.g.,	DUE TO	***************************************					
injury or complication which cou	sed deoth.)							
ANTECEDENT	LIERC							
DISEASES OR CONDITIONS,		(B)	***************************************					
RISE TO THE ABOVE CAUSE (A								
	*******************************		•••••••••		****************			
ll ll								
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT								
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAU	RELATED TO THE	IE						
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAU	RELATED TO TH	IE			3, IF YES, WERE FIN	ES OF DE	ATH?	
21A. EXTERNAL CAUSE WAS	RELATED TO THE SING IT. CONDITION FOR WARPERFORMED	HICH OPERATION	Yes	IN	CERTIFYING CAUS	ES OF DE	es	
21A. EXTERNAL CAUSE WAS	RELATED TO THE SING IT. CONDITION FOR WARPERFORMED	IE	Yes	HERE DID (If i	CERTIFYING CAUS	ES OF DE	es	
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAU 19A. DATE OF OPERATION 19B. WAS 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	RELATED TO THE SING IT. CONDITION FOR VIPERFORMED 218. Phome, etc.)	HICH OPERATION LACE OF INJURY (e.g.,	Yes in or obout 21C. W	HERE DID (If i	CERTIFYING CAUS	ES OF DE	es	
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	RELATED TO THE SING IT. CONDITION FOR W PERFORMED 21B. Phome, etc.) (Yeon) (Houn) 21	HE CHICH OPERATION LACE OF INJURY (e.g., form, foctory, street, form, foctory, form, fo	Yes in or obout 21C. Woffice bldg. INJURY	HERE DID (If i	CERTIFYING CAUS	ES OF DE	es	
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21D TIME (Month) (Doy) OF INJURY (APPROX.)	RELATED TO THE SING IT. CONDITION FOR W. PERFORMED 21 B. Phome, etc.) (Yeon) (Houn) 21 W. W. W. W.	HE CHICH OPERATION LACE OF INJURY (e.g., form, foctory, street, form, foctory, form, fo	Yes in or obout 21C. Woffice bldg. INJURY	HERE DID (If i	CERTIFYING CAUS	ES OF DE	es	
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21D TIME (Month) (Doy) OF INJURY (APPROX.) 22. Certify that I held on	RELATED TO THE SING IT. CONDITION FOR W PERFORMED 21 B. Phome, etc.) (Yeon) (Hour) 21 m. W W Inquiry	HE /HICH OPERATION LACE OF INJURY (e.g., form, foctory, street, certification) E. INJURY OCCURRED HILE AT ONCE ORK AT W. Inspection August Augus	Yes in or obout 21C. W office bldg, INJURY 21F. HC	HERE DID (IF I	CERTIFYING CAUS	e exoct lo	ATH? es	
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) OF INJURY (APPROX.) 22,	RELATED TO THE SING IT. CONDITION FOR WPERFORMED 21B. Phome, etc.) (Yeon) (Hour) 21 Wm. WW Inquiry	HE /HICH OPERATION LACE OF INJURY (e.g., form, foctory, street, certification) E. INJURY OCCURRED HILE AT ONCE ORK AT W. Inspection August Augus	in or obout 21C. Wooffice bldg., INJURY 21F. HC WHILE OND topsy Momicia	HERE DID (If i OCCUR? W DID INJURY that on this I	OCCUR?	e exoct le	ATH? es	
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21D TIME (Month) (Doy) OF INJURY (APPROX.) 22. I certify that I held on resulted from: Noturol	RELATED TO THE SING IT. CONDITION FOR W PERFORMED 21 B. Phome, etc.) (Yeon) (Hour) 21 m. W W Inquiry	HE /HICH OPERATION LACE OF INJURY (e.g., form, foctory, street, certification) E. INJURY OCCURRED HILE AT ONCE ORK AT W. Inspection August Augus	in or obout 21C. Wooffice bidg., INJURY 21F. HC WHILE ORK topsy X and CHIEF ME	HERE DID (If i OCCUR? W DID INJURY that on this I	OCCUR? Dosis, death in matermined manner	e exoct le	ATH?	NED
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21D TIME (Month) (Doy) OF INJURY (APPROX.) 22.	RELATED TO THE SING IT. CONDITION FOR WPERFORMED 21B. Phome, etc.) (Yeon) (Hour) 21 Wm. WW Inquiry	HE /HICH OPERATION LACE OF INJURY (e.g., form, foctory, street, certification) E. INJURY OCCURRED HILE AT ONCE ORK AT W. Inspection August Augus	Tes in or obout 21C. Woffice bldg. INJURY 21F. HC WHILE ORK topsy X ond CHIEF ME ASSISTANT ME	That on this I le Unc	OCCUR? OCCUR? OOSIS, death in mane MINER MINER MINER	e exoct le	ATH? es	NED
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (APPROX.) 22. I certify that I held on resulted from: Notural SIGNATURE EXAMINER'S Charles	RELATED TO THE SING IT. CONDITION FOR WPERFORMED 21B. Phome, etc.) (Yeon) (Hour) 21 Unquiry Inquiry A	HE /HICH OPERATION LACE OF INJURY (e.g., form, foctory, street, or form, for	in or obout 21C. Wooffice bidg., INJURY 21F. HC WHILE ORK topsy X and CHIEF ME	That on this I le Unc	OCCUR? OCCUR?	e exoct le	ATH?	NED
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION OF INJURY (APPROX.) 22. I certify that I held on resulted from: Notural SIGNATURE EXAMINER'S NAME (Type) Charles A. BURIAL CREMATION, 238, DAT	RELATED TO THE SING IT. CONDITION FOR WE PERFORMED 21B. Phome, etc.) (Yeon) (Hour) 21 Inquiry	HE /HICH OPERATION LACE OF INJURY (e.g., form, foctory, street, or form, for	Tes in or obout 21C. Woffice bldg. INJURY 21F. HO WHILE ON topsy X ond Homicia CHIEF ME ASSISTANT ME ASSOCIATE MI	That on this I le Unc	OCCUR? OCCUR? OCCUR? OOSIS, death in manned mann	e exoct le	DATE SIG	NED
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21D TIME (Month) (Doy) 21D TIME (Month) (Doy) 22D TIME (Month) (Doy) 22D TIME (Month) (Doy) 22D TIME (Month) (Doy) 23D TIME (Month) (Doy) 22D TIME (Month) (Doy) 22D TIME (Month) (Doy) 23D TIME (Month) (Doy) 22D TIME (Month) (Doy) 23D TIME (Month) (Doy) 23D TIME (Month) (Doy) 23D TIME (Month) (Doy) 23D TIME (Month) (Doy)	RELATED TO THE SING IT. CONDITION FOR WE PERFORMED 21B. Phome, etc.) (Yeon) (Hour) 21 Inquiry	HE WHICH OPERATION LACE OF INJURY (e.g., form, foctory, street, or form,	Tes in or obout 21C. Wooffice bidg., INJURY 21F. HO topsy X and CHIEF ME ASSISTANT ME ASSOCIATE MI	That on this I The Uncertain Edical EXAM	OCCUR? OCCUR? OCCUR? ONE of the manner of	y opinio	DATE SIG	Stote)
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21D TIME (Month) (Doy) OF INJURY (APPROX.) 22. I certify that I held on resulted from: Noturol ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles A. BURIAL CREMATION, 238, DAT MOVAL (Specify)	RELATED TO THE SING IT. CONDITION FOR WE PERFORMED 21B. Phome, etc.) (Yeon) (Hour) 21 Inquiry Inqu	HE WHICH OPERATION LACE OF INJURY (e.g., form, foctory, street, or form,	Tes in or obout 21C. Wooffice bidg., INJURY 21F. HO topsy X and CHIEF ME ASSISTANT ME ASSOCIATE MI	that on this I DICAL EXAMEDICAL	OCCUR? OCCUR? OCCUR? OOSIS, death in manned mann	y opinio	DATE SIG	Stote)

Such

H NO. 67 0996 LE CASE NO.		BALTIMORE CITY HEALTH DEPARTMENT 67 0996					
	CERTIFICA	TE OF DEATH	Registered Na.	07 00001			
NAME OF DECEASED YPE OF Print) EISNER, MARGA		2. DATE AI	28 67	10:25AM			
PLACE OF DEATH IN BALTIMORE, MARYLAND ST. AGNES HOSP FULL NAME OF (If not in hospitol or institute oddress or location)	ITAL	MARYLAND	NTY	stitution; residence before odmissic			
WILKENS & CATO BALTO., MD. 212		BALTIMORE D. STREET ADDRESS (IF	21230 iuiol, give locotion)	25-52			
FEMALE WHITE W	RRIED, NEVER MARRIED OWED, DIVORCED (specify) IDOWED	12-26-88	9. AGE (In years lost birthdoy) 78	If Under 1 Yr. II Under 24 H Months Doys Hours Min.			
A. USUAL OCCUPATION (Give kind of work 10 B. KIN one during most of working life, even if retired) NONE	ID OF BUSINESS OR INDUSTRY	MARYLAND		12. CITIZEN OF WHAT COUNTRY?			
OTTO Walstein	DEC 1D	ERNESTINE	IME	DEC 1D			
, Was Deceosed Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dates of ser NO	16. SOCIAL SECURITY NO. 216-07-0287	ST. AGNES RE	CORDS- BAL	ADDRESS .TO., MD. 21229			
(This daes nal mean the made of dying, heat failuse, asthemia, etc. It means the disinjury at camplication which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, rise to the above couse (A) stating UNDERLYING CONDITION last.	JUE TO (C)	ejanish ch					
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes of N		FINDINGS CONSIDERED			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)		(If in Boltimore	e City, give exact location)			
21D. TIME (Month) (Doy) (Year) (Hour) (APPROX.)	21E INJURY OCCURRED While At Not While Work At Work		JURY OCCUR?				
22. I certify that XIX (this haspital) attended the deceased fram JANUARY 27, 19 67 to JANUARY 28, 19 67 that XIX (we) last saw the deceased alive an JANUARY 28, 19 67 and that In XVX (aur) apinion death accurred an the date and have and from the causes stated above. (We) (did) (XIXIV) view the bady after death.							
23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) G.S. PATRICK,	M.D. Alle	ending Med.	Stoff Phys. WILKE	23B. DATE SIGNED 1-28-69 DS & CATON AVE 0. MD. 21229			
	4C. NAME of CEMETERY of CRE			ty, town, or county) (State			
	Swartz Cemetery		altimore, Ma				

THE STATE OF THE S

2 72 VANUE 1

	•	FUNERAL DIRECTOR: IMPORTANT	DIRECTOR:	IMPORTA	INT	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cauwas D.O.A. at a hospital (except where the physician who pronounced death was in regular attacked prior to death); and (6) No physician was in regular attendance on the deceased prior	approved by to the hospito f any nature; Il (except wh	the chief medica Il by a medica (2) Body burns ere the physicia	ial examiner. (3) A fractulan who pro	Also, if the re of any kin on ounced decated	direct or direct or d; (4) Under the was in on the dec	contributing termined corregular a
	Land Land	7		Said or house	dienocition	ic mendo

3 BIRTH NO. 67 0997		HEALTH DEPARTMENT	Registered No	67	1997
M.E. CASE NO. 1, NAME OF DECEASED	CERTIFICA	TE OF DEATH	D HOUR OF DEATH		
	NNA	A JAN	30 196	*	7:50Am.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased tived. If insti TY	tution: residence bef	ore admission)
FULL NAME OF (If not in haspital or institution, give	street	MD	11	AU	1.1.1
INSTITUTION		BALTIMORE	side city limits, write KU	KAL ond give fowns	inip)
ST AGNES HOSPITAL		D. STREET ADDRESS (IF	rural, give lacation)	00 00	
		44 THOMAS	S AVE.		
	WED (specify)	10-19-92	last birthday/	Months Doys Hau	Under 24 Hrs.
10A, USUAL OCCUPATION (Give kind of wark 10B, KIND OF BU dane during most of warking life, even if retired)	JSINESS OR INDUSTRY		gn country)	12. CITIZEN OF WHAT COUNTI	RY?
House if Fa		MD		ULES	
		4. MOTHER'S MAIDEN NA			
HIRAM FREDERICK 15. Was Deceased Ever in U. S. Armed Forces? 16	SOCIAL	LILLIAN RI	EHLING	ADDRESS	
(Yes, na orunknawn) (If yes, give war ar dates of service)	SECURITY NO.		OCDITAL CAT		ENC AVE
	217 30 379 CAUSE OF	2 ST AGNES HO	DOPITAL CAT	INTERVAL I	
DISEASE OF CONDITION DIRECTLY	CAUSE OF			ONSET AN	
LEADING TO DEATH	(A) C	neud pen	mage.		
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	1 (1	()	-	
injury or complication which caused death,) ANTECEDENT CAUSES	(B)	15 satorsul	Cardeo issoul	& Pisees	2
DISEASES OR CONDITIONS, if any, giving	DUE TO	//			
rise to the abave couse (A) stating the UNDERLYING CONDITION lost.	(C)	45CUP.	8 76 V8 8 V6 V 8 V V 8 V 8 6 8 8 8 V V V 8 8 8 V V V 8 8 V V V 8 8 V V V 8 8 V V V 8 8 V V V 8 8 V V V V 8 8 V V V V 8 8 V V V V 8 8 V V V V 8 8 V V V V 8 8 V V V V 8 8 V V V V 8 8 V V V V 8 V V V V 8 V		
UNDEXETING CONDITION TOST.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
W DISEASE OR CONDITION CAUSING IT.	ICU OBERATION	[20A A11705=10/V	N 200 IE WES	Upinior control	-
19A. DATE OF OPERATION 19B. CONDITION FOR WHI WAS PERFORMED	ICH OFERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAUS	SES OF DEATH?	EU
OR CONTRIBUTING CAUSE OF CAUSE OF	ACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If in Battimare	City, give exact lace	ation)
OR CONTRIBUTING CAUSE OF hame, etc.)	torm, toctory, street, ath	ice bldg., INJURY OCCUR?			
	JURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
(APPROX.) While Wark	At Work				
22. I certify that (I) (this hospital) attended the	deceased from JA	N 17	19 67 10	JAN 3	019 67,
that (I) (we) last sow the deceased alive an	JAN	311 6/	at in(my) (aur) apini	an death accurre	d on the dote
ond hour and from the couses stated above. (1) (We) (did) (did not) vi	iew the body ofter deoth.			
23A. SIGNATURE		-di 44-4 -	3.4	1-30-67	
Coll Clarcen	Phys		Staff Phys.	1-30-0/	
23C. PHYSICIANS NAME Type		3D. ADDRESS	LUENO AND	DA = 1140=	
GEORGE PATRICK	M.D.	CATON AND WW			
REMOVAL (Specify)		-	A A Co	, tawn, or county)	(State)
Burial 2/2/67 Ce	edar Hill Cen	25C. FUNERAL DIRECTOR		ADDRE	
JAN 31 1967 @ 0 155	Tall as	McCully F H 2	37 Patapsco	Ave 2122	25
VS 150-REV, 1/1/65					

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occurred in a hospital and

m ,		BALTIMORE CITY	HEALTH DEPARTMENT				
	erth No. 67 0998	CERTIFICA	TE OF DEATH	Registered Na	67 0998		
	M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND	D HOUR OF DEATH			
	(Type or Print) GEORGE C. WAG	1150			120117		
	3. PLACE OF DEATH IN BALTIMORE MARYLAND	NEE	4. USUAL RESIDENCE (Where	deceased lived If incl	128 / 6 / M.		
			A. STATE B. COUNT	Υ	nonon residence before bolinession,		
	FULL NAME OF (If not in hospital or institution	on, give street	MARYLAND				
	HOSPITAL OR oddress or location)		C. CITY OR TOWN (If outs	ide city limits, write RL	JRAL and give township)		
			BALTIMORE		7-02		
3			D. STREET ADDRESS (If n	urol, give location)			
. 6	CHURCH GOME AI	DISON ST	•				
mad	5. SEX 6. RACE 7. MARRI	ED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.		
E		RKIAC	4-7-03	63			
-=	10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF WHAT COUNTRY?		
0		F Baltimoree	MADILLAM	0			
sit	13. FATHERS NAME	MARYLAND U.S.A.					
9	T						
disposition	John WAGNER		MAPGARET	MEISEL			
0	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of servic	1 6. SOCIAL SECURITY NO.			- 0		
fine	No	215 09 4445	Elenor A. U	Lywer 24:	31 E. Mackey ST		
orf	18. // / 2 X 1	CAUSE O	F DEATH	9	INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY) 1	marks.	ONSET AND DEATH		
per	LEADING TO DEATH	(A) F	WIMONARY E	MOOLISM	days		
mbalm	(This does not meon the mode of dying, e heart failure, asthenia, etc. It meons the disea		***************************************	. ****			
po	injury or complication which coused death.)	anes 5					
E	ANTECEDENT CAUSES	(B) 470	TERIOR (MYE)	MPDIAL 1	UMBEL CAYS		
0	DISEASES OR CONDITIONS, if any, give	ing F1.	1 1 1	1. 1. 1.			
rise to the obove cause (A) stoling the (C) HROMBO Phillip Tts - Uffantle							
ins	UNDERLYING CONDITION lost.		<u>'</u>				
emai	Z 11	Thu o					
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO						
0	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	150 A	200			
e the	WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	SES OF DEATH?		
ō	U 21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)		
96	▼ DEATH (notify medical examiner)	etc.)	ince biag., INJURI OCCUR:				
9	O 21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	IRV OCCUP?			
ne l	S OF INJURY	While At Not While					
D	(APPROX)	Work At Work					
obtained befor	22. I certify that (I) (this hospital) attende				-28 1967,		
pe	that (1) (we) last saw the deceased alive a	n 1-28	19 6 7 and tha	t in (my) (aur) apini	an death accurred an the date		
ust	and haur and fram the causes stated above	. (I) (We) <u>(did)</u> (did nat) v	iew the bady after death.				
E	23A. SIGNATURE	00			23B. DATE SIGNED		
-	Hama Pen	age or M.D. Atte	nding Med. Director	Stoff Phys.	1-28-67		

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death 23C. PHYSICIAN'S NAME (Type) written approv 24C. NAME of CEMETERY, OF 24D. LOCATION 24A. BURIAL CREMATION, REMOVAL (Specify) (City, town, or county) (Stote) DIRECTOR ADDRESS VS 150-REV. 1/1/65

CLERK PARKET HEISEL

John Wagner Harbaret Heisel

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4-28 67 1-28

Person Frankle.

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death was bows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such but approval must be obtained before the remains are embalmed or final disposition is made.

0000	BALTIMORE CITY	HEALTH DEPARTMENT		CM 0000
BIRTH NO. 67 0999	CERTIFICA	TE OF DEATH	Registered No	p/ figh3
A.E. CASE NO.		2. DATE AN	D HOUR OF DEATH	
Type or Print JENNIE WALL	HAUSGER	1/	27/67	3 45 AM
B. PLACE OF DEATH IN BALTIMORE, MARYLAN		4. USUAL RESIDENCE (When	e deceased lived. If inst	itutian: residence before admission)
51111 MANE OF 111 OF 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	da. at	m. 0/		
FULL NAME OF (If god in haspital ar ins	Itutian, give street	C. CITY OR TOWN a (If out	side city limits, write RU	JRAL and give township)
MANUTON / h	In a XI	12 M-	7	1-01
mayeard Levert	40 Hours	D. STREET ADDRESS (III	rural, give lacation)	1
,	,	907 1 x	theore -	A
. SEX 6. RACE 7. M	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE Wyears	If Under 1 Yr. , If Under 24 Hrs.
FW	IDOWED, DIVORCED (speedly)	05/1/87	lost birthday)	Months Days Hours Min.
DA. USUAL OCCUPATION (Give kind of work 10B. I	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE State of farei	gn country)	12. CITIZEN OF
lane during mast af working life, even if retired)		MIL		WHAT COUNTRY?
TTOOSEWIRE 3. FATHERS NAME		14. MOTHER'S MAIDEN NA	AE	USA
HENRY HURRARI) 16 t	14. MOTHER'S MAIDEN NAV	7	
111005	i	anny		
5. Was Deceased Ever in U. S. Armed Farces? Yes, na ar unknown) (If yes, give war or dates af s	1 6. SOCIAL SECURITY NO.	17. INFORMANT	/	ADDRESS
NO	219 46 626	4 1/1000	My Acc	Leath
18. 44. 4 3 X	CAUSE C	F DEATH	11000 -10	NTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL	Y			ONSET AND DEATH
LEADING TO DEATH	(A)	Pulmonary A Asterior aclesote hypertensite	odema	
(This does not meen the mode of dying	g, e.g., DUE TO	Not 1		
heart loilure, asthenia, etc. It means the configury or complication which coused death	iseose,	ASTER ON Decesor	a Corrections	Laver
ANTECEDENT CAUSES	(B)	grecienalia	ausease	ACA A
DISEASES OR CONDITIONS, if ony,	DUE 10			
rise to the obove couse (A) sloting				
UNDERLYING CONDITION IOSI.				
7				
OTHER SIGNIFICANT CONDITIONS CONTE TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
	N FOR WHICH OBSERTION	20A. AUTOPSY? (Yes ar Na	1 200 IE VEC WERE EN	MOINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM		You	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INITION	n or about 21 C WHERE DAD	(If in Rollinger	City, give exoct location)
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., i home, farm, foctary, street, o	ffice bldg., INJURY OCCUR?	til in admindte	City, Gras exoct tocquant
U	etc.)			
21D. TIME (Manth) (Day) (Year) (Ha		21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At While At Work			
22 1		-	067.	1/2-17
22. I certify that (I) (this hospital) atta		/ .1	19 6 7 to	1/27167
that (I) (we) last sow the deceased ali	_ '/	,	at in(my) (aur) apini	ion death accurred on the do
and hour and from the causes stated a	save. (1) (We) (did not)	view the body after death.		,
23A. SIGNATURE	-0			23 B. DATE SIGNED
March Ho	CLO M.D. Att	ending Med. Director	Staff Phy s.	1/27/17
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	11 10	1 18
NAME (Type)	M.D.	may l	1 Hn	1/1/km 1
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EM CORY 13/2	OCATION (City	real 11 /
REMOVAL (Specify) 1-31-1967	1 M T	7	CATION F (City	, tawn, ar county) (State)
recuary.	Dallo. Cer	nelery		Md.
JAN 31 1967	NAME OF REGISTRAR	25C. FUMERAL DIRECTOR	2/11	Free 3 218 4
JHM 3 T 186 V	West S. Johnson M.	Thelmoeller	Hoffman	the dam At
/S 150-REV. 1/1/65		+ 'U / / /		August 100 of

JAMAN C- HOL - JUNION C Market French Horard 107 de streete tot by Espelas proporte 39 Water anny P HENRY HUBBARD 249 Ho The Mes helicapie hope of

1. NAME O	DECEASED		SALLIE				HOUR PRONOUNC	ED DEAD		
3 PLACE IN	SALLY BALTIMORE, M	May		XXXXX Rexrode			RY 27, 1967 deceosed lived. If inst	titution: reside	5:05	A M.
FULL NAMI HOSPITAL C	OF (IF NO		TAL OR INSTITU	UTION, GIVE STREET	C. CITY OR TOW	XXXXXX VN (If outside	B. COL	e RURAL ond		
411	Union	Memoria	al Hospi	ta1	D. STREET ADDR	ESS (If rurol,	give locotion) 3166	-18th	St.N.W	. Wash.
5. SEX	6. RACE			NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	1	9. AGE (In years lost birthdoy)		Yr. If Unde	
Female	Whi	te		vorced	5-20-09		57			
done during m	ost of working lile,		rk TOB. KIND OF	F BUSINESS OR INDUST	Virgin:	ia		12. CITIZEN WHAT	COUNTRY?	
	Ambrose Rexrode					se Pisei				
15. WAS DE	EASED EVER IN	U.S. ARMEI		16. SO CIAL	17. INFORMANT	e Tree	marker	ADDRESS		
(Yes, no or un	nown) (If yes, gi	ve war ar dat	les of service)	SECURITY NO.		ode 31	.66 - 18th s			
					THEY YEAR		LOCII I		Wach	D C
(This head injury	does not meon oilure, osthenio, or complication of ANTECEDE SES OR CONE	the mode of etc. It mean which coused ENT CAUSE OTTIONS, IF CAUSE (A) S	H If dying, e.g., Is the discose, deoth.) ES ANY, GIVING STATING THE		E OF DEATH	a Compli ubdural	icating Cere Hematoma	li c	Wash	ETWEEN
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